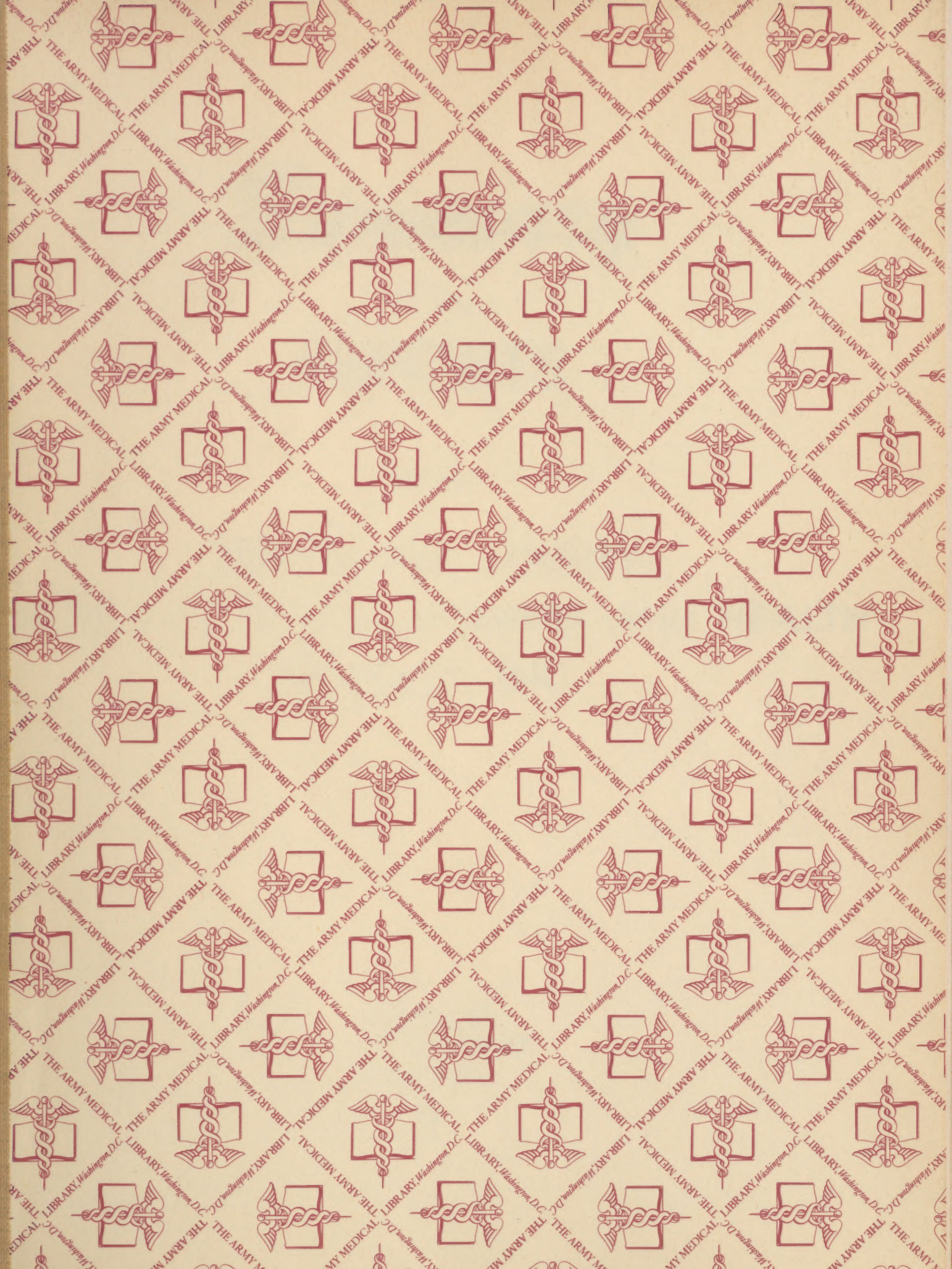
Summary OF REPORTS

Milwaukee County Survey of Social Welfare and Health Service, Inc.

Prepared by
JOEL D. HUNTER
July, 1949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Summary

of the

REPORTS

of the

MILWAUKEE COUNTY SURVEY OF SOCIAL WELFARE AND HEALTH SERVICES, INC.

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July, 1949

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MILWAUKEE COUNTY SURVEY

OF

SOCIAL WELFARE AND HEALTH SERVICES, INC.

CO-SPONSORS:

CIVIC ALLIANCE OF MILWAUKEE
AND COMMUNITY WELFARE COUNCIL
OF MILWAUKEE COUNTY, INC.

PHONE MARQUETTE 8-4946

610 NORTH JACKSON STREET

MILWAUKEE 2, WISCONSIN

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SYDNEY B. MARKEY
DIRECTOR

October 12, 1949

TO THE CITIZENS OF MILWAUKEE COUNTY:

This publication represents a summary of the study made of the voluntary and tax-supported health and welfare services in Milwaukee County. It offers a review point in the work of the Milwaukee County Survey of Social Welfare and Health Services, Inc., since the recommendations contained represent the conclusions of the staff and the committees of the Board with whom there has been consultation. The translation of these recommendations into action, when effected, will result in a community accomplishment of high value.

The community owes a debt of gratitude to the Civic Alliance and the Community Welfare Council of Milwaukee County for lending their support in sponsoring our organization and affording substantial financial assistance. We are deeply appreciative of the high value of Joel D. Hunter's direction of our project. His performance, and that of his staff, have exceeded the representations made of them. Their skill, tact, and judgment have afforded open accessibility to information wherever required. Both private and public agencies are strongly commended for their fullest cooperation with our staff.

The Executive Committee, under the chairmanship of Robert W. Baird, has contributed an immeasurable service through its great amount of time devoted to steering the affairs of our corporation through our formation period and the investigational efforts.

A great deal of our financial support has emanated from private corporations and individuals. We are deeply grateful for their support. Our community will receive great benefits from their investments.

The Board of Directors and the membership of the corporation have shown a great interest in the functioning of our organization. They have given much time and thought to the materials made available by our staff. Tremendously valuable discussions have been participated in, and the recommendations appearing in this summary are presented by the Board of Directors to all organizations concerned for their earnest consideration.

A real job lies ahead — that is to implement our recommendations with action.

Sincerely yours,

E. H. Grootemaat

ELMER H. GROOTEMAAT
President

SURVEY STAFF

Joel D. Hunter .....Director
Former Supt., United Charities, Chicago

Sydney B. Markey .....Associate Director
Former Executive, Council of Social Agencies, Indianapolis, Indiana

Nelda Rouleau .....Office Secretary

WELFARE SERVICES

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.....Public Group Work and Recreation
Director, Chicago Commons, Chicago

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Maurice Hahamovitch .....{Economic Security / Veterans' Services}
Graduate Student, School of Social Service Administration, University of Chicago

Sydney B. Markey ...{Community Welfare Council / Group Work and Recreation / Services to Aged / Youth Aid Bureau / Welfare of Negroes}

Maud Morlock .....Homemaker Services
Consultant, Social Service Division, Children's Bureau

Mrs. Ella W. Reed .....Public Welfare
Consultant, Professional Services
American Public Welfare Association, Chicago

Professor Paul Simon .....
.....Private Group Work and Recreation
Professor, Social Welfare Administration, University of Illinois

Earl C. Wolfe ...Private Group Work and Recreation
Assistant Professor, University of Illinois

Glenn Wood .....Community Chest Campaign
Director, Campaign and Finance, Community Chests and Councils of America, Inc.

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Senior Dental Surgeon, U. S. Public Health Service

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Assistant Chief, Office of Public Health Education, U. S. Public Health Service

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Senior Surgeon, U. S. Public Health Service

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Medical Social Work Consultant, U. S. Children's Bureau, Chicago

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Director of Local Health Administration, Wisconsin State Board of Health

Herschel Engler .....Refuse Disposal
Senior Sanitary Engineer, U. S. Public Health Service

T. F. Wisniewski .....Pollution of Raw Waters
Junior Assistant Sanitary Engineer, Wisconsin State Board of Health

Harry C. Essick .....Rodent Control
Sanitary Engineer, U. S. Public Health Service

L. T. Jodaitis .....Water Supplies
Engineer (R)*, U. S. Public Health Service

Jack Fooks ....Swimming Pools and Bathing Beaches
Senior Assistant Engineer (R)*, U. S. Public Health Service

O. J. Schmidt .....Pollution of Raw Waters
Senior Assistant Sanitary Engineer, U. S. Public Health Service

Harold Wainess .....Milk Sanitation
Sanitarian, U. S. Public Health Service

C. K. Luchterhand .....Milk Sanitation
Sanitarian, Wisconsin State Board of Health

William C. Miller .....Milk Sanitation
Sanitarian (R)*, U. S. Public Health Service

Fred Nichols .....Food Sanitation in Hospitals
Restaurant Inspector, U. S. Public Health Service

Oliver B. Odom .....Food Sanitation in Hospitals
Sanitary Inspector, Wisconsin State Board of Health

Harvey Wirth .....Trailer Camps
Junior Assistant Sanitary Engineer, Wisconsin State Board of Health

A. F. Stivarius .....Trailer Camps
Assistant Sanitary Engineer, Wisconsin State Board of Health

William Z. Fluek .....Industrial Hygiene
Engineer, Wisconsin State Board of Health

*(R) — Reserve Officer.

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E. A. Fitzpatrick
Theodore Friedlander
Max E. Friedmann
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*W. A. Roberts
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Will Ross

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Russell D. L. Wirth
Irwin R. Witthuhn

Charles Zadok
Lorenz T. Zedler
*R. C. Zimmerman
Ben R. Zuelke

EX OFFICIO

Michael S. Kies
Lawrence J. Timmerman
Frank P. Zeidler

*Members of the Board
†Deceased

ORGANIZATIONS INCLUDED IN SURVEY

145 Participants

Boy Scouts
Boys' Club

Cancer Detection Center
Catholic Home for Aged
Catholic Social Welfare Bureau
Catholic Youth Organization
Central Agency for Chronically Ill
Child Care Committee
Children's Court (formerly Juvenile Court)
Children's Service Society
Christian Center
Civil Court Clerk's Office
Columbia Hospital
Community Chest Campaign
Community Welfare Council
Corporation Counsel's Office
County Association for the Disabled
County Children's Home
County Court, Adoption Division
County Department of Public Assistance
County Department of Public Welfare
County Dispensary-Emergency Unit
County Hospital
County Hospital for Mental Diseases
County Park Commission
County Superintendent of Schools
Cudahy City, Recreation
Curative Workshop

Deaconess Hospital
District Attorney's Office
Divorce Counsel and Court Commissioner's Office
Domestic Conciliation Department

Elmore Home

Family Service
F.S.A.—Bureau of Old Age and Survivors' Insurance
4-H Clubs of County Agent's Office
Fox Point Village, Recreation
Friendship House

Girl Scouts
Goodwill Industries
Granville Village, Recreation
Greendale Village, Recreation
Greenfield Town, Recreation

Health Department — Milwaukee City
Health Departments — 17 Suburban
Hearing Aid Bureau, State Teachers College
Home for Aged Jews
Homme Children's Home Cottage
House of Good Shepherd

Industrial Commission of Wisconsin
International Institute

Jewish Community Center
Jewish Family and Children's Service
Jewish Welfare Fund
Johnston Emergency Hospital
Junior League Blood Center

Lake Town, Recreation
Lakeside Children's Center
Layton Home for Invalids
Legal Aid Society
Little Sisters of the Poor
Lutheran Altenheim
Lutheran Children's Friend Society
Lutheran Welfare Society

Marquette University Hearing and Speech Clinic
Martha Washington Maternity Home
Mayor's Commission on Human Relations
Mercy Hospital
Milwaukee Children's Hospital
Milwaukee Hearing Rehabilitation Clinic
Milwaukee Hearing Society
Milwaukee Hospital
Milwaukee Psychiatric Services
Milwaukee Public Schools
Milwaukee Town, Recreation
Misericordia Hospital

Mount Sinai Hospital
Muirdale Sanatorium
Municipal and District Courts Probation Department
Municipal Recreation and Adult Education — Milwaukee City
National Assoc. for Advancement of Colored People
Natatoria
Neighborhood House

Oak Creek Town, Recreation
Our Lady of Pompeii Nursery School
Ozanam Home

Protestant Home for Aged
Public Library
Public Museum

Red Cross
Rescue Mission
Roger Memorial Sanitorium

Sacred Heart Sanatorium
St. Aemilian's Orphan Asylum
St. Ann Rest Home
St. Anthony's Hospital
St. Camillus Hospital
St. Camillus Monastery
St. Charles Boys' Home
St. Elizabeth's Nursing Home
St. Joan Antida Home
St. Joan Antida Nurseries
St. John's Home
St. Joseph's Home of St. Raphael
St. Joseph's Home of St. Theresa
St. Joseph's Home of the Sacred Heart
St. Joseph's Hospital
St. Joseph's Orphan Asylum
St. Luke's Hospital
St. Margaret's Guild
St. Mary's Convent
St. Mary's Hill
St. Mary's Hospital
St. Michael Hospital
St. Rose's Orphan Asylum
St. Vincent's Infant Asylum
Salvation Army
Scandinavian-American Old People's Home
School Hygiene Clinic
Shorewood Village, Recreation
South Milwaukee City, Recreation
South View Isolation Hospital

Travelers' Aid

U. S. Department of Labor — Wage and Hour and Public Contracts Div.
Urban League

Veterans Administration, U.S.
Veterans Information and Referral Center
Veterans' Service Exchange
Visiting Nurse Association
Volunteers of America Day Nursery

Wauwatosa City, Recreation
Wauwatosa Town, Recreation
Welfare Counselors of the Pupil Guidance Service Milwaukee City Schools
West Allis City, Recreation
West Milwaukee Village, Recreation
West Side Hospital
Whitefish Bay Village, Recreation
Wisconsin Anti-Tuberculosis Assoc.
Wisconsin Heart Association
Wisconsin Service Association

Y.M.C.A.
Y.W.C.A.
Youth Aid Bureau of Milwaukee City Police

FOREWORD

A. Objectives, Organization, Financing, and Scope of the Survey

A citizen of Milwaukee recently said, "I have been in business in Milwaukee a good many years. I have visited nearly every state of the Union and have been abroad. I have kept my eyes and ears open. While I know that Milwaukee is not perfect, its government and people are good. I have advised my sons to live and work here."

Those words might have come from almost any citizen. Those who live in Milwaukee do not apologize for it. They are proud of its history and achievements, but they are well aware that greater things lie ahead.

That spirit and those ideas were shown by the organizations which sponsored the survey of health and welfare services in Milwaukee County. They knew things were good, but they wanted to know just how good and in what direction progress might be obtained.

The sponsoring groups — the Civic Alliance and the Community Welfare Council — arranged for the incorporation of "The Milwaukee County Survey of Social Welfare and Health Services, Inc." as a nonprofit corporation. One hundred and twenty-five citizens are the corporation members. Their names have been listed previously. These members elected a Board of Directors who have been responsible for the conduct of the Survey through various committees. They employed Joel D. Hunter as Director and gave him authority to employ the remainder of the Survey staff. They gave approval to the use of specialists to be loaned by the U. S. Public Health Service and the U. S. Children's Bureau with the definite understanding that they would be under the control of the Director of the Survey. A budget of $75,000 was adopted and spent.

In an early publication the objective was stated to be: "A complete survey of the health and social complexions of the county and of all the facilities, tax-supported, voluntarily-supported, nonprofit, and commercial, which are available to meet social and health needs and to prevent occurrence of social ills."

At the beginning of the study a list had to be made of the agencies to be included. The original list was that of the agencies whose expenditures had been studied by the Community Welfare Council every other year since 1938, with the exception of 1944. Similar studies were made in twenty-eight other cities and the comparative figures have been published by Community Chests and Councils of America, Inc. As the Survey progressed, some additional private agencies and departments of government were included in order to make the coverage as complete as possible. A list of these agencies precedes this foreword.

The selection of staff was very important. All those chosen were experts in their fields, were practical people with administrative experience, and (with two exceptions) were employed. This meant that they could not all be here at the same time. They have worked various periods, the shortest being three weeks, the longest eight months. Their names, regular positions, and Survey assignments are a part of this report.

Of the 43 staff members, 14 were regularly employed on the Survey staff; 18 were loaned from the United States Public Health Service; four from the Children's Bureau; and seven from the Wisconsin State Department of Health. Three students were also used.

B. Method and Procedure of the Survey

If a survey is to succeed there are at least three essentials; namely:

a. The community to be studied must desire the study.

b. Methods must be set up through which the findings and recommendations of the survey will receive serious consideration by all agencies involved.

c. The findings and recommendations must be those of the community itself, as well as of the outside observers.

Milwaukee met the first two requirements. The Mayor wrote the Surgeon General of the United States, requesting the services of the U. S. Public Health Officers. The citizens requested the survey through the clubs represented in the Civic Alliance, and the social and health agencies through the Community Welfare Council.

So far as the second requirement is concerned, the Bulletin announcing the organization of the Survey said:

> "It is believed that such an extensive and important study as is projected must be concerned not only with the gathering, weighing, and interpretation of facts, and of recommendations based upon facts, but with the problems of carrying the recommendations into action. Unless the study is translated into action, the entire project is a waste of effort. To avoid this danger, the active interest and participation of the lay and professional leaders in the community and the organizations of all types are of paramount importance."

Since the completion of the field work of the Survey, it has been decided that the organization should continue until December 31, 1950 in order to assist the public and private agencies involved in their considering and carrying out of the various recommendations made. Mr. Sydney B. Markey, who was the Associate Director of the Survey from the beginning, has been employed as Director, and a budget of $15,840 has been approved for the fiscal year beginning October 1, 1949.

In regard to the third requirement, Dr. Butterworth, in his report on Health Education, quoted Ivah Deering as follows: "People do not lightly put aside those plans which they themselves have made." The Survey staff has tried to work and think with those who reside here.

In every one of the following activities the staff knows that more could have been done. We set out to gather facts, to interpret them, to evaluate them, to relate them to each other, to compare them with

other facts from other areas, and to come out with some observations and recommendations. We have had no secrets. Probably every recommendation made was known to the agencies involved ahead of time. Some will not sit well. It may be that the judgment of the Survey staff was wrong in making them. There is also a probability that some agencies or people look at change as retrogression rather than progress. No one likes to be told what to do. We have tried to think with the people of Milwaukee. All we can ask is that, whether or not there is agreement with the Survey findings and recommendations, they will be given serious consideration. Not one recommendation has been made unless it was felt that the service to some person or persons would be improved. The following have been our main activities:

1. Reading published reports.
2. Reading case records.
3. Reading financial statements.
4. Conferring with executives, staff members, board members, and citizens about the services being studied.
5. Discussing Survey methods, findings, and recommendations with technical committees — usually made up of the executives and board members of the agencies being studied.
6. Discussing findings and recommendations with special committees of the Board of Directors and Corporation.
7. Making progress reports to the Board, the Corporation, and more frequently to the Executive Committee.
8. Addressing public meetings.
9. Issuing progress reports through newspapers and the News Bulletin of the Community Welfare Council.

Not only the conferences with individuals, but the meetings with technical committees and special committees of the Board have been invaluable. There should have been more of them.

There are eighty-eight different special reports on that many different subjects. They comprise about 2,000 pages. They will be summarized in the 100 pages of this printed report. The special reports have been mimeographed and distributed to the agencies studied and some to interested groups. Their distribution had to be limited. A few extra copies are being kept in the Survey office and at the Community Welfare Council. These will be available to interested persons for reference. Special reports were written about the private case work, the private group work, and the public and private child care and nursing agencies. These reports went only to the agencies themselves and, if they were members of the Community Welfare Council, to that agency also.

C. Some Over-All Facts About Health and Welfare Services Which Are Not Covered in the Summary Report

Each separate piece of a picture puzzle could be studied carefully by itself, but at the end of the time the student would probably have no idea whatsoever about the appearance of the whole picture when each piece was in its proper place.

Therefore, before the courageous reader begins on the special reports, it seems wise to write down a few things about the total picture so that there might be a better understanding of the individual pieces when they are examined.

The first table is very important. It gives the total expenditure ($25,997,539) in 1946 for health and welfare services in Milwaukee County. It shows how these expenditures were divided among "Fields of Service" and from whence the money came. For these expenditures it also tells each citizen of Milwaukee County how much it cost him during 1946 and then it shows what the cost was to the average citizen in the twenty-nine urban areas studied at the same time.

In addition to the above, the table also shows the expenditures for certain services which are not usually classed as welfare services, but which have to do with the economic security of the community. These are Veterans Administration, Unemployment Compensation, Old Age and Survivors' Insurance, Workmen's Compensation, and Railroad Insurance. The expenditure for these services was $26,669,986 in 1946, making the total for Milwaukee County $53,517,249.

There are ways in which the position of the Milwaukee County citizen is different. Some of these are:

1. The per capita cost in Milwaukee County was 6.4 percent less than the per capita cost in the 29 urban areas. In Milwaukee County it was $30.41; in 29 areas — $32.48.

2. The main difference was in Public Assistance. In Milwaukee County it was $6.51, as against $9.60 in the 29 areas — 32.2 percent less.

3. Milwaukee County's per capita expenditures were also low in planning for social and health services, joint financing, and central services. In the 29 areas these services cost 40 cents per capita — in Milwaukee County 20 cents.

4. The Milwaukee County citizen spent more than the average citizen in the 29 areas for health, and for recreation and group work services. There was no great difference in health. In Milwaukee County the per capita was $14.95 and in other areas $14.86. In group work and recreation there was a 45 percent difference. The per capita cost in Milwaukee County was $3.51 and in the 29 areas it was $2.42.

For further explanation of the various services the reader is refered to the summary of the special reports and/or to the reports themselves.

In the preceding table the year 1946 was used because the study of expenditures for 1948 had not yet been published for the 29 areas. However, the Research Department of the Community Welfare Council has finished the study of Milwaukee County Services, so two tables are given from that study. The first one (Table 2) shows the total expenditures for 1948, divides the total into public and private, and gives the per capita for 1948. The second (Table 3) compares the per capita cost of 1946 with 1948 and also gives the percentage which the expenditure for each service is of the total expenditures, and the percentage it is of the expenditures in its field. For example, hospital inpatient service in 1948 was 45.82 percent of the total 1948 expenditures and 88.09 percent of the expenditures for all health services.

These tables show an increase in the per capita expenditure to $42.58 in 1948 from $30.41 in 1946. The greatest increase was in the amount spent for health services. Later tables will show that this expendi-

EXPENDITURES FOR HEALTH AND WELFARE SERVICES, BY FIELD OF SERVICE AND SOURCE OF FUNDS
Milwaukee County, Wisconsin—1946

FIELD OF SERVICE	Total Expenditures 1946	PUBLIC FUNDS				PRIVATE FUNDS								Per Capita	Per Capita for 29 Areas
							Contributions			Income From Investments	Payments for Service	Net Proceeds From Other Activities	All Other Receipts		
		Total	Local	State	Federal	Total	Community Chest	Sectarian Financial Federation	Other Sources						
TOTAL, ALL FIELDS	$25,997,539	$14,526,207	$9,867,011	$2,438,259	$2,220,937	$11,471,332	$1,378,998	$240,465	$708,348	$197,592	$8,119,403	$160,169	$666,357	$30.41	$32.48
Economic Assistance and Social Adjustment Services—TOTAL	10,046,350	7,459,290	3,700,649	1,629,858	2,128,783	2,587,060	620,065	207,804	519,237	103,818	501,683	28,423	606,028	11.75	14.80
Public assistance services	5,562,782	5,562,782	2,109,191	1,390,704	2,062,887									6.51	9.60
General assistance	1,067,093	1,067,093	1,056,599	10,494										1.25	1.52
Aid to dependent children	887,054	887,054	356,821	291,603	238,630									1.04	1.22
Old age assistance	3,492,656	3,492,656	675,066	1,053,884	1,763,706									4.08	6.63
Aid to the blind	115,979	115,979	20,705	34,723	60,551									.14	.23
Institutional and custodial care of adults	813,970	313,769	313,721	13	35	500,201	56,503		63,571	51,183	292,891		36,053	.95	.79
Shelters for transients and homeless	83,838	1,776	1,762		14	82,062	9,257		20,669	519	18,132		33,485	.10	.09
Institutions for aged and dependent adults	730,132	311,993	311,959	13	21	418,139	47,246		42,902	50,664	274,759		2,568	.85	.70
Family services primarily social adjustment	773,984	103,518	100,769		2,749	670,466	220,142	46,542	341,798	10,366	30,357	21,261		.90	.88
Family service	610,318					610,318	162,938	46,542	341,722	10,059	27,796	21,261		.71	.66
Social service to travelers	57,917	2,749			2,749	55,168	55,079		66	23				.07	.04
Medical social service	15,921	10,941	10,941			4,980	2,125		10	284	2,561			.02	.09
Domestic relations service	89,828	89,828	89,828											.10	.09
Specialized services for children	2,117,003	1,371,802	1,168,274	203,058	470	745,201	276,129	128,864	95,445	41,895	136,177	1,785	64,906	2.48	2.29
Protective and foster care	1,461,918	912,579	868,684	43,895		549,339	239,867	115,633	58,897	26,805	100,987	1,785	5,365	1.71	1.23
Day nurseries	63,557	470			470	63,087	19,713		19,468		23,906			.07	.43
Probation services for children	172,498	172,498	168,098	4,400										.20	.29
Institutions for delinquent children	419,030	286,255	131,492	154,763		132,775	16,549	13,321	17,080	15,090	11,284		59,541	.50	.35
Specialized services for the handicapped	609,258	96,088		33,446	62,642	513,170	3,849		4,557		3,668	791	500,305	.71	.61
Maternity home care	52,804					52,804	16,212	7,000	345	374	26,037	1,836	1,000	.06	.06
Other	(a) 116,549	11,331	8,694	2,637		105,218	47,230	25,400	13,521		12,553	2,750	3,764	.14	.57
Health Services—TOTAL	12,781,167	5,589,119	4,711,737	790,978	86,404	7,192,048	289,870	19,596	135,559	81,102	6,638,851	26,033	1,037	14.95	14.86
Hospital in-patient care	11,078,981	4,399,069	3,673,619	725,450		6,679,912	150,562	19,596	42,494	48,567	6,404,028	13,964	701	12.96	12.79
General hospital in-patient service	7,793,715	1,624,957	1,624,957			6,168,758	150,562	19,596	35,222	46,087	5,904,929	11,661	701	9.12	10.04
Chronic disease and TB hospital in-patient service	814,129	726,513	567,088	159,425		87,616			1,348	2,480	83,788			.95	.93
Mental hospital in-patient service	2,471,137	2,047,599	1,481,574	566,025		423,538			5,924		415,311	2,303		2.89	1.82
Hospital admitting and certifying bureaus	No Organized Service														
Clinic and out-patient care	634,704	398,526	335,018	542	62,966	236,178	51,370		12,788	21,479	138,766	11,750	25	.74	.78
Clinic service	486,926	257,714	195,477		62,237	229,212	51,370		6,026	21,443	138,623	11,750		.57	.64
Mental hygiene clinics	36,544	36,401	36,401			143					143			.04	.05
School hygiene medical service	111,234	104,411	103,140	542	729	6,823			6,762	36			25	.13	.09
Nursing services	474,740	346,664	346,664			128,076	65,390		1,217	3,237	57,913	319		.56	.44
Public health nursing	271,000	142,924	142,924			128,076	65,390		1,217	3,237	57,913	319		.32	.29
School hygiene nursing	203,740	203,740	203,740											.24	.15
Other	592,742	444,860	356,436	64,986	23,438	147,882	22,548		79,060	7,819	38,144		311	.69	.85
Recreation, Informal Education and Groupwork Services—TOTAL	2,996,063	1,477,798	1,454,625	17,423	5,750	1,518,265	308,036	456	53,227	12,672	978,869	105,713	59,292	3.51	2.42
Community-wide building centered programs	368,418	26,020	26,020			342,398	123,466		11,249	363	108,789	97,531	1,000	.43	.72
Neighborhood building centered programs	468,854	371,006	362,718	8,288		97,848	68,299		11,105	942	17,219		283	.55	.35
Neighborhood non-building centered programs	100,223					100,223	74,979			9,400	13,460	2,384		.12	.24
Playgrounds and general recreation programs	1,861,409	1,080,772	1,065,887	9,135	5,750	780,637			3,683	1,929	730,052	524	44,449	2.18	.77
Established summer camps	146,875					146,875	24,773	456	6,272	38	109,349	4,967	1,020	.17	.21
Other	50,284					50,284	16,519		20,918			307	12,540	.06	.13
Planning, Financing and Common Services—TOTAL	173,959					173,959	161,027	12,607	325					.20	.40
Planning	21,691					21,691	21,691							.02	.06
Community welfare council	21,691					21,691	21,691							.02	.06
Financing	119,317					119,317	106,710	12,607						.14	.20
Community chest	106,710					106,710	106,710							.13	.17
Sectarian federations	12,607					12,607		12,607						.01	.03
Common services	32,951					32,951	32,626		325					.04	.14
Social service exchange	12,000					12,000	12,000							.01	.02
Information and referral centers	15,626					15,626	15,626							.02	.06
Other	5,325					5,325	5,000		325					.01	.06
Other Health and Welfare Services—TOTAL	26,669,986	26,669,986		3,755,640	22,914,346									30.90	
Veterans' Administration (b)	18,143,380	18,143,380			18,143,380									21.22	
Unemployment Compensation (c)	1,926,841	1,926,841		1,926,841										2.25	
Old Age and Survivors' Insurance (d)	3,667,748	3,667,748			3,667,748									4.29	
Workmen's Compensation (e)	1,828,799	1,828,799		1,828,799										2.14	
Railroad Insurance (f)	1,103,218	1,103,218			1,103,218									1.29	
Grand Total—All Expenditures	53,517,249	41,196,193	9,867,011	6,193,899	25,135,283									62.59	

(a) Does not include expenditure of $730,242 for school lunch programs (public and private); submitted after tabulations were completed.
(b) Estimate from annual report of Veterans' Administration for year ending June 30, 1947.
(c) Unemployment Compensation Statistics, Statistical Department, Industrial Commission of Wisconsin.
(d) Regional Office, Bureau of Old Age and Survivors' Insurance, Chicago, Ill.
(e) Workmen's Compensation Statistics, Statistical Department, Industrial Commission of Wisconsin.
(f) Includes retirement, unemployment, survivors' benefits and disability benefits.

TABLE 2

1948

EXPENDITURES FOR HEALTH AND WELFARE SERVICES BY FIELD OF SERVICE AND PUBLIC AND PRIVATE FUNDS

	Total All. Exp.	Total Public	Total Private	Per Capita
TOTAL — ALL FIELDS	$36,489,261	$20,523,518	$12,668,238	$42.58
I. Economic Assistance	13,812,034	10,514,529	3,297,505	16.12
A. Public Assistance	7,877,202	7,877,202	..	9.19
General	1,352,518	1,352,518	..	1.58
Dependent Children	1,348,127	1,348,127	..	1.57
Old Age	5,015,373	5,015,373	..	5.85
Blind	161,184	161,184	..	.19
B. Institutional and Custodial Care, Adults	1,178,670	476,881	701,789	1.38
Shelter Transients	132,057	2,378	129,679	.15
Institutions for Aged and Dependent Adults	1,046,613	474,503	572,110	1.23
C. Family Services, Social Adjustment	785,775	144,137	641,638	.92
Family Service	559,588	..	559,588	.65
Service to Travelers	76,522	..	76,522	.09
Medical Social Service	24,538	19,010	5,528	.03
Domestic Relations	125,127	125,127	..	.15
D. Specialized Services for Children	2,957,036	1,901,063	1,055,973	3.45
Protective and Foster Home Care	537,478	152,608	384,870	.63
Institutions for Dependent Children	1,608,873	1,157,441	451,432	1.88
Day Nurseries	80,775	892	79,883	.09
Probation Service for Children	263,120	263,120	..	.31
Institutions for Delinquents	466,790	327,002	139,788	.54
E. Specialized Service for Handicapped	781,828	99,125	682,703	.91
F. Maternity Homes	70,744	..	70,744	.08
G. Other[1]	160,779	16,121	144,658	.19
II. Health Services	19,355,648	8,384,564	10,971,084	22.58
A. Hospital Inpatient	17,050,599	6,823,277	10,227,322	19.90
General	12,049,437	2,425,766	9,623,671	14.06
Chronic and T.B.	1,446,442	1,316,575	129,867	1.69
Mental Hospital	3,554,720	3,080,936	473,784	4.15
B. Clinic and Outpatient Care	868,264	507,202	361,062	1.01
Clinic Service	661,359	309,333	352,026	.77
Mental Hygiene Clinics	63,277	63,277	..	.07
School Hygiene Medical	143,628	134,592	9,036	.17
C. Nursing Services	610,941	441,750	169,191	.71
Public Health Nursing	375,982	206,791	169,191	.44
School Hygiene Nursing	234,959	234,959	..	.27
D. Other Health Service	825,844	612,335	213,509	.96
III. Recreation, Group Work, etc.	3,154,860	1,624,425	1,530,435	3.69
A. Community Wide Building	515,417	24,358	491,059	.60
B. Neighborhood Center Building	544,506	349,339	195,167	.64
C. Neighborhood Center Non-Building	150,200	..	150,200	.18
D. Playgrounds and General Recreation	1,761,219	1,250,728	510,491	2.06
E. Estimated Summer Camps (Established)	183,518	..	183,518	.21
IV. Planning, Financing, Common Services	166,719	..	166,719	.19
A. Planning	38,542	..	38,542	.04
Community Welfare Council	38,542	..	38,542	.04
B. Financing	84,992	..	84,992	.10
Community Chest	70,724	..	70,724	.08
Sectarian Federations	14,268	..	14,268	.02
C. Common Services	43,185	..	43,185	.05
Social Service Exchange	15,276	..	15,276	.02
Information and Referral Centers	14,515	..	14,515	.02
Other	13,394	..	13,394	.01

[1]Does not include school lunch programs.

ture was largely met through an increase in payments for service. The next largest increase was in public assistance.

Let's take a look at the amount of money that is received as payments for service and examine the variations between fields of service.

These payments do not vary much between Milwaukee and the 29 areas. In Milwaukee County the payments for service were 31.2 percent of total expenditures in 1946. In the 29 areas they were 29.7 percent. In Milwaukee in 1946 the payments for service were 70.8 percent of **total private** expenditures. They increased to a percentage of 72.6 in 1948. It is doubtful if the "man on the street" knows that such a high percentage of the cost of private nonprofit organizations is paid for by the users of the service.

The actual figures about payments for service are shown in Table 4. This table on "Payments for Service" covers most of the private nonprofit health and welfare agencies in Milwaukee County.

Thirty-seven of these agencies are members of the Community Welfare Council and depend on it for that part of their income which comes from contributions. Table 5 gives the total disbursements of these 37 Chest agencies over a number of years (the Chest fiscal year is October 1 to September 30) and also shows the allocations from the Chest to those agencies during the same period. The total disbursements and the Chest allocations increased about the same percentage from 1940 to 1948. In two of the main fields of service—Family Welfare and Health — the Chest allocation did not increase as much as did the total disbursements. In Group Work the increase was about the same. In Child Care the allocation from the Chest increased much more rapidly than did total disbursements. That is interesting because there was also a large increase in public money spent for child care during that same period.

TABLE 3

COMPARISON OF EXPENDITURES PER CAPITA FOR 1946 AND 1948

	Per Capita		Percent of Total		Percent of Field	
	855,000 Pop. 1946	857,000 Pop. 1948	1946	1948	1946	1948
I. Economic Assistance and Social Adjustment	$12.60	$16.95	40.31	39.04	100.0	100.0
A. Public Assistance	6.51	9.19	20.83	21.17	51.67	54.22
B. Institutional and Custodial Care of Adults	.95	1.38	3.04	3.18	7.54	8.14
C. Family Services	.90	.92	2.88	2.12	7.14	5.43
D. Specialized Services for Children	2.48	3.45	7.93	7.95	19.68	20.35
E. Specialized Services to Handicapped	.71	.91	2.27	2.10	5.63	5.37
F. Maternity Home Care	.06	.08	.19	.18	.48	.47
G. Other	.99*	1.02	3.17	2.34	7.86	6.02
II. Health Services	14.95	22.58	47.83	52.02	100.0	100.0
A. Hospital Inpatient	12.96	19.90	41.46	45.82	86.69	88.09
B. Clinic and Outpatient	.74	1.01	2.37	2.35	4.95	4.52
C. Nursing Services	.56	.71	1.79	1.64	3.75	3.14
D. Other Health Services	.69	.96	2.21	2.21	4.61	4.25
III. Recreation, Group Work, etc.	3.51	3.69	11.23	8.50	100.0	100.0
A. Community Wide Building	.43	.60	1.38	1.38	12.25	16.26
B. Neighborhood Centered Building	.55	.64	1.76	1.47	15.67	17.34
C. Neighborhood Center Non-Building	.12	.18	.38	.42	3.42	4.88
D. Playground and General Recreation	2.18	2.06	6.98	4.75	62.11	55.83
E. Established Summer Camps	.17	.21	.54	.48	4.84	5.69
F. Other	.06	..	.19	..	1.71	..
IV. Planning, Financing, Common Services	.20	.19	.63	.44	100.0	100.0
A. Planning	.02	.04	.06	.09	10.0	21.05
B. Financing	.14	.10	.44	.23	70.0	52.63
C. Common Services	.04	.05	.13	.12	20.0	26.32
TOTAL EXPENDITURES	31.26	43.41	100.0	100.0	100.0	100.0
I. Economic Assistance and Social Adjustment	12.60	16.95	40.31	39.04	40.31	39.04
II. Health Services	14.95	22.58	47.83	52.02	47.83	52.02
III. Recreation, Group Work, etc.	3.51	3.69	11.23	8.51	11.23	8.50
IV. Planning, Financing, Common Services	.20	.19	.63	.43	.63	.44

*Includes school lunch programs not included in **Expenditures** publication, 1946.

PER CAPITA EXPENDITURE BY PUBLIC FUNDS IN 29 URBAN AREAS

Area	Total	Local	State	Federal
29 Urban Areas	$17.86	$ 7.12	$6.92	$3.82
Milwaukee County	16.99	11.54	2.85	2.60

When an examination is made of taxes as a source of revenue for health and welfare services, some differences are noticeable.

The difference in the amounts of local and state funds should receive attention. The Director of the Survey has no opinion as to whether the above division of costs is correct or not. If it is examined, the group making the study should include not only experts in public revenue matters, but also some who are familiar with public welfare administration. It is very commendable that the local governments in Milwaukee County have been willing and ready to spend more than the average of local taxes in the support of services under the three main heads, e. g. Economic Security, Health, and Recreation.

The following three tables are given to show the percentage that local, state, and federal funds are of total public and private expenditures for health and welfare services in 15 urban areas comparable to Milwaukee County.

TABLE 4

PAYMENTS BY PERSONS RECEIVING SERVICES OF MILWAUKEE COUNTY HEALTH, WELFARE, AND RECREATION AGENCIES FOR 1940, 1942, 1946, AND 1948 BY TYPE OF SERVICE, PERCENT CHANGE 1940-1948 AND PAYMENTS AS PERCENT OF TOTAL PRIVATE EXPENDITURE BY SERVICE FIELD

	1940	1942	1946	1948	Percent Change 1940-48	Payments as Percent of Total Private Expenditure			
						1940	1942	1946	By Field
Total	$3,468,987	$4,547,000	$8,119,403	$11,897,598	+243.0	61.2	65.1	70.8	72.6
Family Welfare and Relief	113,239	142,000	365,506	806,859	+612.5	12.3	11.7	19.8	30.4
WPA, NYA, CCC	..	..	..	..	..	..	..	..	..
Other	113,239	142,000	365,506	806,859	+612.5	12.3	11.7	19.8	30.4
Child Welfare	52,612	76,000	136,177	191,223	+263.5	10.8	13.9	18.3	18.1
Group Work and Recreation	366,739	373,000	978,869	778,927	+131.3	55.4	56.0	64.5	50.9
Health Services	2,934,397	3,955,000	6,638,851	10,120,435	+244.9	84.7	88.9	92.3	92.3
Hospital Inpatient	2,787,994	3,760,000	6,404,028	9,796,205	+251.4	91.2	93.4	95.9	95.8
Clinic Service	64,561	111,000	138,766	208,428	+222.8	26.8	56.1	58.8	57.7
Nursing Service	56,396	65,000	57,913	84,780	+ 50.3	46.3	50.0	45.2	50.1
Other Health Service	25,446	19,000	38,144	31,202	+ 22.6	59.0	20.0	25.8	14.6
Planning and Finance	..	..	..	154	+100.0	..	..	..	0.1

TABLE 5

DISBURSEMENTS OF CHEST AGENCIES BY SERVICE FIELD AND CHEST ALLOCATIONS, 1940, 1942, 1946, 1947, AND 1948 AND PERCENT CHANGE 1940 TO 1948 — MILWAUKEE COUNTY

	1939-1940	1941-1942	1945-1946	1946-1947	1947-1948	Per Cent Change 1940 - 1948
Total Disbursements	$2,054,420	$2,270,185	$3,308,047	$4,095,816	$4,332,573	+110.9
Total Community Chest Allowance	1,035,072	1,079,793	1,379,432	2,036,386	2,153,826	+108.1
Per Cent of Total Disbursements	50.4	47.6	41.7	49.7	49.7	
Care of Children						
Total Disbursements	499,142	518,600	530,710	868,733	936,343	+ 87.6
Total Chest Allowance	249,149	235,793	247,346	510,274	598,226	+140.1
Per Cent of Total	49.9	45.5	46.6	58.7	63.9	
Family Welfare						
Total Disbursements	409,576	496,805	943,649	823,568	929,420	+126.9
Total Chest Allowance	247,296	291,444	450,112	432,214	500,020	+102.2
Per Cent of Total	60.4	58.7	47.7	52.5	53.8	
Health						
Total Disbursements	434,135	503,850	685,014	791,431	901,103	+107.6
Total Chest Allowance	253,904	271,900	286,785	347,112	421,110	+ 65.9
Per Cent of Total	58.5	54.0	41.9	43.9	46.7	
Group Work						
Total Disbursements	590,296	648,746	1,010,446	1,188,336	1,306,324	+121.3
Total Chest Allowance	167,416	182,446	262,050	331,372	387,586	+131.5
Per Cent of Total	28.4	28.1	25.9	27.9	29.7	
Central Services						
Total Disbursements	114,796	95,310	129,930	226,748	246,258	+114.5
Total Chest Allowance	114,407	95,310	129,930	218,414	233,759	+104.3
Per Cent of Total	99.7	100.0	100.0	96.3	94.9	
Unclassified						
Total Disbursements	6,475	6,874	8,298	197,000[a]	13,125[b]	+102.7
Total Chest Allowance	2,900	2,900	3,200	197,000	13,125	+352.6
Per Cent of Total	44.8	42.2	38.6	100.0	100.0	

[a]Includes $190,000 for U. S. O.

[b]Includes Survey appropriation.

TABLE 6

PERCENTAGE OF TOTAL PRIVATE AND PUBLIC FUNDS RECEIVED FROM LOCAL GOVERNMENTS IN 15 URBAN AREAS

1946

Rank	Percent
1. MILWAUKEE	38.0
2. Louisville	29.1
3. Los Angeles	28.5
4. San Diego	28.1
5. Buffalo	26.5
6. St. Louis	23.7
7. Baltimore	22.4
8. Cleveland	22.1
9. Atlanta	22.0
10. Kansas City	16.9
11. Dallas	16.1
12. Portland	15.5
13. New Orleans	9.2
14. Providence	7.7
15. Seattle	7.5

TABLE 7

PERCENTAGE OF TOTAL PUBLIC AND PRIVATE FUNDS RECEIVED FROM STATE GOVERNMENTS IN 15 URBAN AREAS

1946

Rank	Percent
1. Seattle	43.8
2. New Orleans	37.8
3. Providence	32.4
4. Portland	28.4
5. Buffalo	22.4
6. Kansas City	21.5
7. Los Angeles	21.0
8. Dallas	18.8
9. St. Louis	17.8
10. Cleveland	16.3
11. Baltimore	16.2
12. San Diego	15.6
13. Atlanta	13.3
14. MILWAUKEE	9.4
15. Louisville	8.2

TABLE 8

PERCENTAGE OF TOTAL PRIVATE AND PUBLIC FUNDS RECEIVED FROM FEDERAL GOVERNMENT IN 15 URBAN AREAS

1946

Rank	Percent
1. Dallas	20.5
2. Kansas City	16.8
3. Los Angeles	16.6
4. Seattle	14.8
5. Portland	13.2
6. San Diego	12.2
7. St. Louis	11.8
8. Atlanta	11.7
9. Providence	11.1
10. New Orleans	10.6
11. MILWAUKEE	8.5
12. Louisville	8.3
13. Cleveland	6.8
14. Baltimore	6.5
15. Buffalo	5.3

What do all these figures indicate as to the trend of events? The answer cannot be given in one table, but Table 9 gives expenditures for 1940 and for 1948 and the percentage change. For those two years the Consumers' Price Index was 99.1 in December, 1940 and 171.2 in November, 1948 — an increase of 72.1. It is evident that material assistance has gone down, but that it costs more to board children, to care for them in institutions, and to obtain medical care in hospitals.

So far as health and welfare **services** are concerned, the interested citizens should read the remainder of this Summary and the special reports themselves on subjects of special interest.

In this foreword a few observations are made:

1. The local governments in Milwaukee County are made up of citizens of integrity and sincere purpose. It is a great asset.

2. The "man on the street" is better informed about health and welfare services than his counterpart in many other places. That is in large part due to the factual material and understanding comment which appears in the daily press. That is also a great asset.

3. When the government has accepted the responsibility for a service it has accepted the full responsibility. This is due to the fact that there are practically no subsidies or payments of public funds to private agencies to perform services which have been recognized as public responsibility.

4. The private agencies' field of work is fairly well defined from the public largely because of the lack of subsidies.

5. All the public assistance services in the home have been integrated in one department.

6. Not only the "man on the street," but the business and labor leaders, are confused by the number of financial campaigns in Milwaukee. Many other cities have the same problem.

7. There is a lag in the development of Central Planning and Joint Financing. In every urban community private agencies are becoming more and more specialized. They recognize the necessity of joining their specialties for the good of their clients, but have not gone as far as they might in doing it. The question is, "How can Central Planning and Joint Financing be organized so that they will be stimulating and inspirational rather than deterrents?" Milwaukee has strong local government. It also has the sincere interest of its citizens in the work of the private agencies. It has a fine chance to show just what the correct balance should be between "autonomy for the agencies" and "central control and financing for the greatest good for the greatest number." The Director wishes to state that many agencies in Milwaukee think more of "specialization" than of "cooperative effort." This is illustrated many times over in the special reports. People do not like to be controlled, consolidated, or absorbed. Without any of those things happening, agencies and governments can make agreements with each other and can cooperate in their services. It must be done in the health and welfare services.

8. There is very little duplication of services in Milwaukee County. There is some, however, and conferences should be held to justify it or else to eliminate it.

9. There are not many unmet needs. There are more **inadequate and incomplete services** rather than unmet needs because of lack of proper referral from agency to agency, lack of staff in both number and quality, limited intake policies, and other matters which should be removed through conferences and discussions leading to agreements.

10. Personnel — When one is dealing with an unmarried mother, a lonely aged person, a deserted and ill behaved child, an alcoholic, a seriously injured workman, or many other types of people, one needs not only a warm personality, but also understanding and skill. The profession of medicine, nursing, and all branches of social work should have the people of the most wholesome personality and greatest skill. That skill comes from studying what other people have done, and from experience. The Survey made no effort to evaluate the personalities of workers. We know they were carefully selected by civil service for public positions and in similar ways for private. We could and did get a personnel profile of nearly all the employed staffs. Comment is made in some of the special reports. In general it should be said that there should be more workers with more information and skill acquired through study. This is very important. Suggestions are made about leaves of absence for study, in-service training, more adequate supervi-

sion on the job, higher standards of employment, and new departments in the Wisconsin and Marquette Universities.

It is almost true to say that any worthwhile change takes time. Evolution is better than revolution. The best clock is the most regular one and not the fastest.

Recognizing that all things cannot be done at once, a few suggestions are made about the methods of implementation and the principles to follow.

1. In every field, emphasis should be placed on prevention, e. g. establish homemaker service in order to keep families together and arrange for better contacts between schools and health and social agencies. It is in the school the abnormalities in children are first observed.

2. Examine and keep examining all methods of joint planning and joint financing. To make these things work, vision, statesmanship, and great administrative skill are needed. Milwaukee can meet the test.

3. Examine ways of improving standards of service in each agency.

4. Conferences and discussions are not a waste of time. They are the basis of the democratic way of life. Have them, but point them up to definite agreements about cooperative service and joint efforts.

The Director is proud that he has made friends in Milwaukee. He is happy about the way in which the Survey staff has worked with the citizens of Milwaukee. We are all grateful for that and innumerable other courteous acts. A great deal of time has been given by hundreds of people. We hope some good may come of it all. This report is our sincere effort to put down what we saw and thought.

And now the Summary — the first five sections deal with reports on welfare services. The subjects are: (1) Family Services; (2) Child Welfare; (3) Recreation, Informal Education, and Group Work; (4) Special Services, Courts, Aged, Minority Groups; and (5) Planning, Financing, and Central Services.

These reports total over 800 pages. To reduce them to about 40 printed pages required very drastic cutting of material. Those interested in special subjects should read the complete text. Copies are on file at the Survey office and the Community Welfare Council.

TABLE 9

TOTAL PUBLIC AND PRIVATE EXPENDITURES IN MILWAUKEE COUNTY BY FIELD OF SERVICE FOR 1940 AND 1948 AND PERCENTAGE CHANGE FROM 1940-1948

	1940			1948			Percent Change '40-'48		
	Private	Public	Total	Private	Public	Total	Private	Public	Total
Total	$5,670,851	$29,230,686	$34,901,537	$16,378,453	$20,827,443	$37,205,896	+188.8	− 28.8	+ 6.6
Family Welfare and Relief	923,261	23,681,473	24,604,734	2,654,242	8,917,391	11,571,633	+187.5	− 62.4	− 53.0
WPA, NYA, CCC	..	12,529,449	12,592,449						
Other	923,261	11,089,024	12,012,285	2,654,242	8,917,391	11,571,633	+187.5	− 62.4	− 3.7
Child Welfare	488,942	729,184	1,218,126	1,055,973	1,901,063	2,957,036	+117.0	+160.7	+142.8
Group Work and Recreation	661,525	1,078,611	1,740,136	1,530,435	1,624,425	3,154,860	+131.4	+ 50.6	+ 81.3
Health Services	3,464,048	3,741,418	7,205,466	10,971,084	8,384,564	19,355,648	+216.7	+124.1	+168.6
Hospital Inpatient	3,058,210	2,827,936	5,886,146	10,227,322	6,823,277	17,050,599	+234.4	+141.3	+189.7
Clinic Service	240,974	282,504	523,478	361,062	507,202	868,264	+ 49.8	+ 79.5	+ 65.9
Nursing Service	121,713	288,982	410,695	169,191	441,750	610,941	+ 39.0	+ 52.9	+ 48.8
Other Health Service	43,151	341,996	385,147	213,509	612,335	825,844	+394.8	+ 79.1	+114.4
Planning and Finance	133,075	..	133,075	166,719	..	166,719	+ 25.3	..	+ 25.3
Consumers' Price Index*									+ 71.2

*1935-1939 — Consumers' Price Index = 100%

I. Family Services

A. Economic Security

Many of our grandparents produced and made almost everything that they ate and wore. Times have changed so that the modern urban dwellers produce almost nothing for self-use. They buy the necessary things to eat and wear. Therefore, they are dependent on the amount of money they have to exchange for food, clothing, and shelter. The wages a man earns are, therefore, his main economic security. In this study we made no original study of wages in Milwaukee County. Our concern is with those who have lost the economic security of wages through death of the wage earner, unemployment, accident, old age, disability, or for some other reason. An effort has been made to study the resources that have been set up to provide assistance or benefits to those unable to support themselves.

The first set of benefits which were examined were those from insurances set up by governmental action — some of them by the Social Security Act. The programs studied were those of:

1. Unemployment Compensation
2. Old Age and Survivors' Insurance
3. Workmen's Compensation
4. Railroad Retirement
5. Veterans' Benefits
6. The Public Assistances

Amount and Source of Benefits

The Federal government provided over 80 percent ($26,646,788) of the nearly $33¼ millions ($33,221,157) of the total Economic Security expenditures in Milwaukee County in 1947, with the State government providing 12.29 percent, and Milwaukee County the remaining 7½ percent. Milwaukee County's 7½ percent was entirely for Public Assistance, of which the largest item was general relief ($1,194,180), followed closely by Old Age Assistance, and then by Aid to Dependent Children.

The Veterans Administration expenditures amounted to about 60 percent of the $33,221,157. Of the remaining 40 percent, about half (21 percent) was attributable to all of the public assistance services together (General Relief, Old Age Assistance, Aid to the Blind, and Aid to Dependent Children), and the rest (about 20 percent) constituted benefits paid by the State and Federal insurances; namely, Old Age and Survivors' Insurance, Railroad Retirement, Workmen's Compensation, and Unemployment Compensation.

The reader will be impressed with the number and variety of economic security programs operating in Milwaukee County. The number of persons receiving benefits, and the amount of money expended for them, are equally impressive. Insurances, as a method of replacing wages lost because of old age, death, illness, disability, and unemployment, are to be preferred to public assistance. To the extent that insurances fail to provide needed benefits to persons or groups of persons, and to the extent that certain hazards are not included either in the public or private insurances, the burden of dependency caused by these hazards, fall squarely upon the County's public assistance programs.

This latter point is of special significance in the Survey, because the costs of the "residual" public assistance program; namely, general assistance, are borne entirely out of local taxes.

Milwaukee County has most of the elements of a sound economic security program already in operation:

a. A series of social insurance measures, including Unemployment compensation, Workmen's Compensation, Old Age and Survivors' Insurance, and Railroad Insurance, which insure against the hazards of unemployment, industrial injury, old age, death, and (in the case of Railroad Insurance) disability.

b. A public assistance program including Old Age Assistance, Aid to Dependent Children, Aid to the Blind, Aid to Totally and Permanently Disabled, and General Relief.

c. A comprehensive program for veterans, providing to this group security against disability, death, unemployment, old age, and the costs of medical care.

Probably the greatest defect in this economic security system is that insurances have not been made to carry enough of the burden. Insurances, paid in part by the beneficiary, should be Milwaukee County's chief weapon against individual and family insecurity resulting from unemployment, old age, death, injury, disability, and the costs of medical care[1]. Far too much of the burden is left to the public assistance services, which supply assistance to a considerable number of people who should obtain benefits from insurance programs.

These programs are preferable as a method of assuring minimum economic security because they offer benefits on the basis of the rights earned by the individual, and offer the potential beneficiaries opportunities to pay for their own economic security (in part at least) while they are working and able to do so.

Coverage and Adequacy of Programs

The two questions that this Survey wants to state for consideration are:

1. Do the insurances cover as many people who suffer economic loss because of death, disability, sickness, old age, unemployment, industrial and other injuries, as they should?

2. Are the benefits which are received adequate to meet minimum needs?

Wisconsin has made a thorough study of sick-benefit plans in effect in October 1948. As sickness is a hazard which is not covered in any public insurance program, Wisconsin deserves credit for the rapid growth of sick-benefit plans under private auspices. Before any discussions of the insurances set up by governmental action, some comment is made about the group insurances now active in Milwaukee County. The following paragraphs are quotations from the news release of April 8, 1949, by the Wisconsin Industrial Commission:

"Sick-Benefit Plans Protect 47 Percent of Wisconsin Workers. — About 338,000 Wisconsin workers — nearly 47 percent of the 725,000 private employees covered by Wiscon-

[1]Costs of medical care means assistance granted to individuals to pay for care. It does **not** mean cost of hospitals, clinics, etc.

sin's unemployment compensation law — were protected by formal group sick-leave or sick-benefit plans in October 1948, according to a comprehensive survey made by the state industrial commission.

"Those 338,000 workers were thus protected — against complete loss of wages due to non-job injury or illness — by about 2,600 private employers and about 2,800 established group plans for sickness compensation, financed by employers or by workers or usually by both.

"That left nearly 387,000 workers — or 53 percent of those who are covered by Wisconsin's unemployment compensation law — without any assured group protection to compensate them for wage losses due to non-job injury or illness."

The above figures refer to the workers in Wisconsin covered by Unemployment Compensation. As 45 percent of these workers live in Milwaukee County, it is safe to assume that a higher percentage than 45 of the 338,000 protected by formal sick-benefit plans live in Milwaukee County[1]. These insurances in many cases are the only group protection the workers have against non-job illness.

The benefits in Wisconsin from the three different types of sick-benefit plans are shown in the following quotations from the bulletin of the Industrial Commission.

"Sick Leave and E.M.B.A. Plans in Wisconsin. — Of the 338,000 Wisconsin employees covered by sickness compensation in October 1948, under some 2,800 private group plans, well over 40 percent were protected either by formal sick-leave plans financed by their employers, or else by E.M.B.A. sick-benefit plans, according to the state's survey.

"Sick 'Leave' Plans. — All-told, there were 710 formal sick 'leave' plans, which protected some 92,000 workers in October 1948. 510 of those plans, covering some 52,000 of those workers, provide the only group protection those workers have against non-job disabilities. As to the other 40,000 workers, protected by the other 200 sick 'leave' plans, they work for employers who have more than one type of plan; so some of them are also covered by sick 'benefit' plans.

About three-quarters of all sick-leave plans limit the duration of their payments to six weeks or less per year; and such limits apply to about 62 percent of all the workers who are covered by formal sick-leave plans. In some cases, however, unused annual sick leave may be accumulated, within limits, thereby providing more adequate protection. The more generous plans permit much longer durations, ranging up to six, nine, or even twelve months, usually based on some years of service.

"Sick Benefits under E.M.B.A. Plans. — Most of the 92 sick-benefit plans which are handled by 'employee mutual benefit associations' were established some years ago, with only a dozen or so started within the past three years. All-told, the 92 E.M.B.A. plans provide sick-benefit protection for 91,000 workers. Fifty of those plans, covering some 32,000 of those workers, provide the only group protection those workers have against non-job illness or injury. As to the other 59,000 workers, covered by other 42 E.M.B.A. plans, they work for employers who have more than one type of plan; so some of them have other forms of group sickness protection beside their E.M.B.A. benefits.

As to the possible duration of E.M.B.A. sick benefits, the plans vary rather widely. A substantial group of E.M.B.A. members can draw benefits for 13 weeks per illness; but some have less protection; and still other large groups may draw benefits for 26 weeks, or even for 52 weeks, if necessary.

"Sick Benefits under Group Insurance Plans. — In October 1948 there were 2,006 group 'accident and health' insurance plans, covering about 202,500 Wisconsin workers, according to the state's survey. 1,824 of those group insurance plans, covering some 161,000 of those workers, provide the only group protection those workers have against non-job disability. As to the other 41,500 workers, covered by the other 182 insured sick-benefit plans, they work for employers who have more than one type of plan; so some of them also have another type of group sickness protection.

"Benefit Provision. — As to the weekly rate of sick benefits, only about a third of the insured plans, covering about 28 percent of the insured employees, pay the same 'flat' rate of benefits to every disabled worker, regardless of his wages. Under those plans the most common 'flat' rates are $10 or $15 or $20 per week. The other insured plans base their varying benefits on wages, or wage groups, or sex groups, or other differences. Their maximum weekly payment ranges from $15 to $20 or $25, on up. Several hundred plans, covering about 60,000 workers, pay a top benefit rate of $36 or more per week to some workers.

"As to the possible duration of sick benefit payments under group insurance plans, over 80 percent of the plans, covering over 77 percent of the insured employees, provide for thirteen benefit weeks per illness, usually without any limit per year. Nearly 18 percent of all insured workers are protected under plans which permit 26 benefit weeks per illness. At the two extremes, a few thousand workers cannot draw as many as thirteen weeks per illness; but a few thousand others could draw up to fifty-two weeks of sick benefits, if necessary.

"Most insured plans — like other group plans — end their sick-benefit protection for any insured worker fairly soon after his employment ends, and do not permit him to continue such insurance in force while he is unemployed."

Not much information is available about other types of insurances under private auspices to provide security against hazards other than non-job illness. That many such plans exist is well known. The Wisconsin Industrial Commission gives the following tabulation about Other Group Benefit Plans.

Hazard	Number	Percent of 297,340[2]
Retirement	88,363	29.7
Death (Group Life)	169,237	56.9
Hospital Expense	194,510	65.4
Surgical Expense	165,623	55.7

Essentials of a Public Economic Security Program

The wage earner and his family are constantly threatened by the hazards of unemployment, disabling illness, industrial and other injuries, old age, and death, all of which have the effect of shutting off the wage for short or long periods. The worker and his family by themselves often are unable to save enough to either prevent these hazards, or to meet their effects. For this reason society has organized various measures to prevent and relieve distress caused by these several economic hazards.

[1]The Wisconsin Industrial Commission gave the percentage as 53.6 or 159,231 workers in Milwaukee County.

[2]Number of workers privately employed in Milwaukee County and covered by Unemployment Compensation law.

It is an exceedingly complex problem and it requires a variety of programs to accomplish the purpose of preventing economic distress.

The best assurance of economic security that any family could have is opportunity for its employable members to work at employment which they like and in which they take pride at a compensation that enables the family to purchase the goods and services it requires.

Next to a job, an insurance benefit is the best method of providing a family with needed income because it can be so organized that it can be paid for in advance — at least in part, by the workers while they are working, spreading the costs over the whole group, and because the worker is entitled to the benefit without the necessity of a "means test" or examination of personal or family resources.

Public assistance should be a residual program, a place of last resort among the economic security measures, designed to meet the requirements of needy persons who are ineligible for any social insurance benefit, who have exhausted their rights to such benefits, whose verified needs are greater than their insurance benefits, or their wage or other resources.

Public Economic Security Measures

Unemployment Compensation. — One of the greatest and most persistent threats to the economic security of families is that of unemployment.

Wisconsin has played a leading role in the development of Unemployment Compensation in this country. This state had the only Unemployment Compensation prior to the enactment of the Federal Statute in 1935, and a number of Wisconsin men became the architects of the national system.

A rough measurement of the amount of unemployment and the way in which it has varied from year to year may be seen from the number of unemployment compensation checks. The number of unemployment checks issued to claimants residing in Milwaukee County was:

1941 —	90,538
1942 —	102,304
1943 —	10,234
1944 —	6,312
1945 —	75,834
1946 —	109,588
1947 —	34,392
1948 —	31,690

Each of these checks was unemployment compensation for one week.

At almost every session of the Wisconsin legislature in the last ten years liberalizing amendments have been adopted. This is especially true of the sessions in 1947 and 1949.

These modifications would seem to indicate that the state is willing to adopt such changes as are necessary to make unemployment compensation a more effective bulwark against the hardships resulting from unemployment. Insurance programs such as unemployment insurance should be under constant examination. The provision of the law relating to coverage, benefits, waiting periods, availability for employment taxation, should be continuously studied. It is generally accepted that unemployment compensation is an equitable and fair way to meet the hazard of unemployment.

Wisconsin was the first state to have an advisory council to recommend changes in the unemployment compensation act. It is composed of employer, employee, and general public representatives. Constant review by such a representative permanent council is sound practice.

Workmen's Compensation. — The hazard of the wage earner suffering an injury while at work and of contracting a disease growing out of employment conditions also affects the economic security of families.

Workmen's Compensation, the oldest of this country's economic insurance programs, has been operating continuously in Wisconsin since 1911.

The Wisconsin statute is in most respects one of the best in the country. It provides for compulsory coverage, extends to most of the employing units in the state, provides relatively adequate benefits, and it is well administered.

Old Age and Survivors' Insurance. — Old Age and Survivors' Insurance is a federal program that is designed to pay cash benefits to persons and families when (1) the worker retires at age 65 or after; (2) the worker dies leaving a wife, dependent children under 18, or dependent parents over the age of 65; and (3) the retired worker dies, leaving a dependent wife over 65. Although this program began paying benefits in 1940, the number of benefits paid will grow gradually only as the members of the labor force of 1937 (when the payroll tax took effect) die or reach retirement age. In the long run, this is the program upon which the country will place chief reliance to provide a modicum of economic security to the aged retired workers and their families and to surviving dependents of the deceased workers.

In June of 1948 Old Age and Survivors' benefits were being paid at the annual rate of $4,634,552 (including death benefits) in Milwaukee County. The average monthly payments per beneficiary are insufficient by themselves to provide a livelihood for a retired worker with or without dependents, or for the survivors of deceased workers. This is partly due to the fact that the program has been in operation only twelve years. The statute also sets a maximum benefit which in some instances is less than the actual needs.

Railroad Insurance. — The most comprehensive system of social insurance in the United States is administered by the Railroad Retirement Board for the employees of railroads.

Social Security Benefits for Veterans. — For many years the Federal Government has concerned itself with the welfare of the veterans of national wars and their dependents. It is estimated that approximately $19.6 millions were spent during the fiscal year of 1948 on behalf of veterans in Milwaukee County.

It seems abundantly clear that Social Security Benefits paid to veterans free the state and local governments from an enormous burden of security payments.

Public Assistance. — Milwaukee County is to be congratulated on its liberal public assistance program:

a. It has substantially supplemented (from local funds) the maximum grants established by the federal and state governments permissible to recipients of Old Age Assistance, and Aid to the Blind.

b. It has removed the limitations on the amount of assistance to be granted in the Aid to Dependent Children program.

c. It participates in a new form of public assistance—the Aid to the Totally Disabled.

d. It provides home nursing and convalescent care, when necessary, to the recipients of

Old Age Assistance, Aid to the Blind, Aid to Dependent Children, and General Relief.

Furthermore, a uniform family budget is used to determine eligibility for care and to determine the amount of aid to be granted (with slight variations) to aforementioned non-institutional public assistance programs.

The budgets are based on price and use studies made by the Budget Research Committee of the Milwaukee County Community Welfare Council. The budgets are considered sufficiently adequate to maintain a minimum standard of health and decency.

The total annual expenditures for public assistance have declined considerably since 1940, when they amounted to $10,138,554. These expenditures reached a low point of $4,176,777 in 1945, but then rose to $6,785,935 in 1947. Over 50 percent of the public assistance expenditures for the eight-year period 1940 to 1947 went for Old Age Assistance.

The creation in 1946 of a new category of public assistance for the disabled represents an interesting and forward looking development.

Accessibility of Economic Security Benefits

Points already stated should be re-emphasized:

1. Insurance is to be preferred to public assistance.

2. The extent to which the Social Security and industrial group insurances fail to provide needed benefits causes the burden of dependency to fall squarely upon the public assistance programs.

3. All things considered, it seems quite clear that unemployment compensation is unavailable to considerable numbers of potentially unemployed workers in Wisconsin. This is mainly because the law covers only employees of six or more.

4. In respect to accessibility of Workmen's Compensation benefits to those injured workers who need them, this Survey finds that the Wisconsin statute rates high because employees of three or more are covered.

5. The coverage of Old Age and Survivors' Insurance is not extensive. Only three of every five of the working population are covered. The **extension** of coverage to include many groups of workers now excluded is being considered by the present Congress.

6. The Wisconsin Public Assistance program, instead of being one generalized residual program, is itself broken into categories and special groups, each with its special eligibility requirements differentiating one category from another.

Adequacy of Economic Security Payments

The requirements of families vary widely because some have many dependent members and others have a few or none; some have greater need for medical care and other services than others.

In contrast with the social insurance benefits, the amounts of which are fixed by statute, public assistance payments vary from month to month, according to the needs of the individual or family. The amount of each family's need is measured by use of the family budget device, which involves an analysis of the family's minimum needs, from which any resources are then deducted. Except in Old Age Assistance, Aid to the Blind, and Aid to the Disabled, which have ceilings established by law on the amount of each monthly payment to an individual, the assistance payment conforms to the aforementioned budget figure. In December of 1948, the Milwaukee County Board of Supervisors authorized supplementary payments for persons in receipt of Old Age Assistance and Aid to the Blind, in addition to the Federal-State ceilings, which supplementary payments are being paid entirely from local funds.

All things considered, the public assistance payments, while not generous, are quite satisfactory. The Old Age and Survivors' Insurance and all other insurance benefits are usually smaller, or do not last during the period of dependency, and people receiving them sometimes must ask for additional assistance.

Administration

One of the serious governmental problems in the United States is the determination of the proper division of responsibility between the different levels of government — local, state, and federal.

In the Economic Security program in Wisconsin, a certain pattern has been worked out which places most of the administrative authority with local governments, even though most of the money comes from federal and state sources. These higher levels of government set certain standards which must be followed. It is a working and practical relationship which is producing results. It is a pattern of governmental relationship which should be studied. It has many merits. In the main, the services performed under it are efficient and the governmental relationship is satisfactory to all concerned.

B. The Public Assistance Programs

Since the Survey was completed the Wisconsin Legislature passed a law which made the Department of Public Assistance a part of the Department of Public Welfare of Milwaukee County. The findings and recommendations are as of May, 1949. Practically all of them are applicable to the Department of Public Assistance in its new position as a Division of the Department of Public Welfare.

Philosophy and Principles of Public Welfare

During the recent decades our knowledge of how persons can best be helped toward leading useful, self-sufficient lives has changed greatly.

A committee appointed by the Board of the American Public Welfare Association early in 1947 had frequent discussions on what were the principles and the standards of public assistance. This committee had as its members departments of public welfare, home economists, and heads of divisions of standards of assistance. This committee's final report in December, 1948 includes the following statement:

> "In the United States certain rights of the individual have been established by federal and state legislation as a recognition that it is in the public interest to provide income to those in the population who are temporarily or permanently unable to be self-supporting. The will to be financially independent, to be a producing member of the community, and to improve one's standard of living is a predominant characteristic of American society. This will can be weakened by inability to find work, or inability to contribute otherwise to community enterprise."

This will can also be weakened by granting assistance in such a way that the recipient's self-respect and personal dignity and hopes are in-

jured, discouraged, or destroyed. In the present-day economy, the loss of the usual financial resources can, and frequently does, immediately affect the individual's capacity to deal effectively with the everyday affairs of his life.

"Workers in public welfare agencies need a general understanding of how economic dependence may affect the recipient's capacity to carry on his usual responsibilities."[1]

Great responsibility is placed on public welfare workers for determining eligibility in accordance with legal requirements and for providing financial assistance to meet the needs of recipients. The workers also have the obligation to provide the assistance in such a way that recipients do not lose their desire for independence, have the greatest possible freedom in using the resources of the community in developing their own strengths, and thus facilitating their maximum degree of rehabilitation and their return to self-support.

[1]Public Assistance Report No. 8. Foreword Page 3, Social Security Board, 1945.
[2]Hereafter referred to as D.P.W.
[3]Hereafter referred to as O.A.A.
[4]Hereafter referred to as A.D.C. and A.B.

In families with children this has special importance, so that children may have the opportunity for normal growth and education, leading to later self-supporting and useful citizenship.

Administrative and Organizational Background

The Milwaukee County Department of Public Welfare[2] was created by County ordinance (Section 46.01) on October 28, 1947, which reads in part: "There is hereby created a Department of Public Welfare to be administered under the direction of the judges in the county courts and to consist of a director of public welfare and such other officers and employees as may hereafter be authorized."

Section 46.02 reads in part: "The Department of Public Welfare is empowered and directed to exercise all powers, duties, and functions vested in the following departments or divisions as they existed immediately prior to the creation of this department; namely:

1. Department of Old Age Assistance[3]
2. Department of Aid for Dependent Children and Aid to Blind[4]
3. Foster Home Division of the Home For Dependent Children
4. Adoption Division of the Office of the Register of Probate."

In Milwaukee County there is no supervisory board or committee for the Department of Public Welfare. The County Board of Supervisors delegates the responsibility for the Department of Public Welfare to the two County Judges. In reality these are the administrators of D.P.W. In exercising this responsibility, the policy has been, in general, to delegate the actual administration to the County Director. Weekly conferences between the Director and the County Judges now generally take place. General policy is discussed and plans for the department are considered.

Wisconsin has chosen to have the Public Assistance part of the Social Security program administered by local units of government under state supervision. It could have chosen to have state administration.

The State Department of Public Welfare conducts administrative reviews to check compliance with federal and state regulations and provides consultation and assistance

TABLE 10
1949 BUDGET OF MILWAUKEE COUNTY'S SOCIAL SECURITY AIDS
Source: Milwaukee County Board Proceedings, October 21, 1948, pages 1235 and 1236

Social Security Aids	Federal Aid		State Aid		Local Funds	Grand Total
	Amount	Method of Computing	Amount	Method of Computing	Amount	
Old Age Assistance						
Grants	$2,853,500	= 50% plus $5 per month per case*	$1,384,500	= 30% of total assistance*	$ 377,000	$4,615,000
Medical Aid			227,500	= 35% of $650,000	422,500	650,000
Supplementary Aid					150,000	150,000
Total Old Age Assistance	$2,853,500		$1,612,000		$ 949,500	$5,415,000
Aid to Dependent Children						
Grants	$ 474,500	= $16.50 per 1st child, plus $12.00 for added children	$ 443,000	= ⅓ of total assistance	$ 412,500	$1,330,000
Medical Aid			24,500	= 35% of total medical care	45,500	70,000
Total Aid to Dependent Children	$ 474,500		$467,500		$ 458,000	$1,400,000
Aid to Blind						
Grants	$ 100,650	= 50% of total assistance**	49,500	= 30% of total assistance**	$ 15,150	$ 165,300
Medical Care			5,250	= 35% of total medical care	9,750	15,000
Supplementary Aid					2,000	2,000
Total Aid to Blind	$ 100,650		$ 54,750		$ 26,900	$ 182,300
GRAND TOTAL SOCIAL SECURITY AIDS	$3,428,650		$2,134,250		$1,434,400	$6,997,300

*Not in excess of $50 per month Federal and State ceiling.
**Not in excess of $50 per month Federal and $65 per month State ceiling.

in various other ways to local governments.

Budget for 1949

The budget in Table 10, is put in the Summary for two purposes:

1. To show the amounts paid from the Federal, State, and Local governments, and

2. To call special attention to the amount of Milwaukee County funds.

Because the county has appropriated funds for Public Assistance it has been possible to make adequate grants to families in need. That this has not lead to excessive expenditure was shown in a table in the foreword, indicating that a smaller amount per capita is spent in Milwaukee County than in 29 urban areas. Another comparison is made with Buffalo as that community is more like Milwaukee than any other[1].

Table 11 shows the trend in the five different public assistances. The number of recipients shows very little change from 1940 to 1947 except in General Assistance. That is as it should be for those who receive Old Age and Blind Assistance and Aid to Dependent Children are dependent for long periods of time. Those receiving General Assistance are those not covered in the other programs nor by Unemployment Compensation or like measures. The number receiving General Assistance goes up and down very rapidly as the economic pattern of the community changes.

Personnel

The tabulation of the qualifications of the welfare staff in the Department of Public Welfare points up the absence of technical training of the large majority of the social work staff in the division of O.A.A., A.D.C., and A.B., as well as lack of experience elsewhere than in Milwaukee.

There is a general shortage of qualified workers in the United States, and all public agencies have had difficulty recruiting social work personnel. Most urban public wel-

	1947 Agency	No. of Units Under Care	No. Recipients Under Care	Average Grant
Milwaukee County ...	A.D.C.	1,051		$92.37
Erie County	A.D.C.	1,719		95.29
Milwaukee County ...	A.B.		284	38.69
Erie County	A.B.		129	49.36
Milwaukee County ...	O.A.A.		8,704	38.70
Erie County	O.A.A.		4,637	45.71
Milwaukee County ...	Gen. Relief		1,576	52.59
Erie County	Gen. Relief		2,240	57.30

[1]Community Health and Welfare Services Bulletin 142, published by the Community Chests and Councils of America, Inc., 155 East 44th Street, New York City.

TABLE 11

NUMBER OF RECIPIENTS,[a] AVERAGE MONTHLY PAYMENTS,[b] AND ANNUAL EXPENDITURE FOR PUBLIC ASSISTANCE, MILWAUKEE COUNTY, 1940-1947

		OLD AGE ASSISTANCE			AID TO THE BLIND		
Year	Total Expenditures For Public Assistance	Average Number Recipients Per Month	Total Annual Expenditures	Average Monthly Payment Per Recipient	Average Number Recipients Per Month	Total Annual Expenditures	Average Monthly Payment Per Recipient
1947	$6,785,935	8,688	$4,461,674	38.60	259	$131,840	36.18
1946	5,527,053	8,284	3,579,214	34.87	288	113,439	32.17
1945	4,176,777	7,694	3,012,590	32.49	293	105,605	30.08
1944	4,213,941	8,130	2,972,707	30.89	310	107,555	28.92
1943	4,752,378	8,587	3,004,040	29.03	351	114,083	27.09
1942	6,499,147	9,166	3,085,124	28.05	370	119,204	26.85
1941	8,063,225	9,191	3,054,382	27.69	371	117,712	26.44
1940	10,138,554	8,576	2,820,639	27.41	361	112,881	26.06

[a]Data obtained from the Division of Public Assistance of the State Department of Public Welfare.

[b]Averages calculated on basis of assistance given directly to needy individuals and families. Payments for medical care, hospitalization, and burial included in total annual payments, but excluded from average monthly payments to families, after March, 1943.

TABLE 11 (Continued)

	AID TO DEPENDENT CHILDREN				GENERAL ASSISTANCE[c]					TOTALLY and PERMANENTLY DISABLED[d]		
Year	Average Families Per Month	Average Number Children Per Month	Total Annual Expenditures	Average Monthly Payment Per Family	Average Number Cases Per Month	Total Annual Grants	Average Monthly Payment Per Case	Average Monthly Payment Per Family	Average Monthly Payment Per Single Person	Average Number Families Per Month	Total Annual Expenditures	Average Monthly Payment Per Family
1947	1,051	2,646	$1,165,159	$89.49	1,574	$ 994,555	$52.65	$65.86	$34.50	50	$32,494	$53.66
1946	926	2,700	865,062	76.82	1,579	925,587	48.86	61.26	28.28	18	43,751	48.17
1945	696	1,805	607,647	69.21	1,079	463,396	35.80	57.57	23.87			
1944	801	1,977	623,775	64.94	1,257	502,900	33.35	57.84	21.53			
1943	1,078	2,573	785,594	60.93	2,104	800,273	31.70	53.77	18.91			
1942	1,639	3,769	1,101,093	55.98	5,492	2,210,624	33.54	58.66	18.97			
1941	2,054	4,581	1,282,704	52.04	10,095	3,628,120	29.95	43.32	14.91			
1940	2,063	4,580	1,281,467	51.76	17,749	5,946,568	27.92	39.77	13.54			

[c]Annual Reports of the Milwaukee County Institutions and Departments. Cash system of relief was substituted for the commissary system as of January 1, 1946.

[d]Program began operation in county in April, 1946.

fare agencies have placed emphasis on recruiting technically qualified and experienced persons for the supervisory positions, and then have counted on a staff development program as the way of helping welfare staff acquire skill in working with families and individuals under care.

Strengthening the supervision by appointment of fully qualified and experienced persons will make the recruitment of welfare workers easier. The thoughtful, promising younger college graduates wish to be well supervised in their early experience so that their experience will have meaning and value.

An educational leave plan for the younger members of the staff is needed. Staff should be encouraged to take educational leave.

Milwaukee County has realistically met the problem of the higher cost of living. The adoption of the formula which added $83.02 per month to the basic salary in 1948 and $100.58 for 1949 were sound moves.

Background of the Administration of General Relief in Wisconsin

Since the beginning of Wisconsin's history as a state, the responsibility of the relief of the poor has been vested with each city, village, town, or county.

Chapter 28 of the first statutes in 1849 dealt with poor relief. Under this law the Town Supervisors were the responsible relief authorities. One year's residence was required for legal settlement. This law also provided that a town giving relief to a person with settlement in another town could charge the town of legal settlement for such care upon filing charges.

General Relief, more recently called Public Assistance, has been on a county-wide basis in Milwaukee since 1851. Many of the characteristics noted in the administration of public assistance in Wisconsin are also found in the Milwaukee County Department of Public Assistance. The department derives its authority from state statutes and county ordinances.

Section 49.02 of the state statutes entitled "Relief Administration," says in part:

49.02 (1) — Every municipality shall furnish relief to all dependent persons therein and shall establish or designate an official or an agency to administer the same.

49.02 (2) — Every county may furnish relief to all dependent persons within the county but not having a legal settlement therein, and if it elects to do so, it shall establish or designate an official or an agency to administer the same.

49.02 (3) — When the settlement of a dependent person is unknown or in doubt, relief may be administered by the municipality in which such person is found in need but the matter shall be promptly investigated and reported or referred as the case may be to the county in which the municipality is situated.

49.02 (6) — Officials and agencies administering relief shall assist dependent persons to regain a condition of self-support through every proper means at their disposal and shall give such service and counsel to those likely to become dependent as may prevent such dependency.

Under power given in Section 49.03, the Milwaukee County Board of Supervisors adopted an ordinance accepting all powers conferred and duties imposed in Chapter 49.

The Survey believes it important to call special attention to (6) in light of the absence of some of the social services to recipients in the Milwaukee Department of Public Assistance.

Detailed discussion of the different divisions of the Department of Public Welfare, including the Department of Public Assistance, cannot be included in this Summary. For these the reader is referred to the main reports.

Main Findings — Department of Public Welfare

1. Case loads have been too high to make possible anything more than a routinized redetermination of eligibility, without careful planning with relatives of the aged recipients or careful referral to medical care and community activities.

2. The supervisors have had too many workers to direct to make possible helping workers develop more understanding and skill in working with aged people.

3. The reception of applicants and recipients at the intake desk is patient, courteous, and prompt. The interviews are not always intelligently focused, however. During the weeks the Survey staff was working in the department, it was observed to be the exception rather than the rule for the worker to start an interview with drawing out the applicant's point of view, his experiences, and his thinking.

Applicants were given little opportunity to participate in the planning for their own situations. Recipients of assistance, like all other human beings, learn to take responsibility by being given responsibility.

4. In many of the records studied the rehabilitative services over and above the giving of the grant, were missing. Thoughtful and skillful referral of the family with a social problem which the agency could not meet, to appropriate social services in the community, was missing.

5. The records studied and the discussions with supervisors and workers gave indication of a day-by-day working relationship with the Department of Public Assistance, with Unit II of the County Hospital, and with the several courts. The records, however, revealed little of a cooperative working relationship with the voluntary social welfare agencies or with the other public rehabilitative services of the community.

6. The D.P.W. figures a careful family budget based on current living costs for each recipient. Milwaukee County has done a most creditable job in making awards sufficient to cover the budget deficit.

7. There is need to help the staff have a fuller understanding of the meaning of medical diagnosis, and a greater awareness of the medical needs of the families under care.

More than half of the records gave evidence of the recipients' need of some medical care — either acute, preventive, or remedial.

8. The discussions with the staff and records studied revealed that 22 of the 214 cases studied, were situations where homemaker services would have been appropriate. A number of infirm aged individuals, and some of the aids to dependent blind family units have need from time to time for homemaker services.

The D.P.W. has made relatively little use of homemakers. The homemaker service maintained by the Family Service has so many demands that there is not much opportunity for getting this service for the families under care of the department.

9. Supervision in both the O.A.A. division and the A.D.C. and A.B. division is inadequate. It has consisted chiefly of checking of the eligibility factors, the accuracy of the budgeting process, and the determination of size of the grant. Supervision of public welfare activities should include helping staff achieve greater skill in working effectively with recipients with the aim of the recipients taking greater responsibility toward achieving their economic independence and social happiness.

10. There have been staff meetings but these have not been carefully focused towards the development of greater skill of workers.

11. The workers and the supervisors of D.P.W. are conscientious, earnest, and interested in doing an acceptable social work job. The need for skillful supervision was evident wherever workers dealt with distraught, troubled, and disturbed persons.

The salary ranges for the classifications of welfare workers, and for the classifications of supervisors are comparable to salaries paid in other urban communities.

12. Administratively the organizational setup under which the Milwaukee County Department of Public Welfare presently operates is cumbersome and unnecessarily complicated. The Director of the Department, instead of being directly responsible to the County Board of Supervisors, is responsible to the County Judges who represent the judicial branch of the county government. It is a sound principle that the executive, judicial, and legislative branches of government should not overlap. At present there is **no** citizenship participation in any manner.

13. Many policies and procedures which are in memorandum form have not as yet been put into a written manual. Work had been started on a manual of local policy and procedure before the Department of Public Welfare was created in 1948 and there is included in the "projected" next steps of the director such an item. This is commended.

Main Recommendations

It is recommended that:

1. A staff development and/or in-service training program be carefully planned and carried out. It should be focused on helping staff attain greater case work skill in working with families and individuals.

2. The responsibilities of supervisory personnel in relation to specific duties be clarified. Focus on an enlarged concept of supervision, is needed.

3. A plan of educational leave be developed and staff encouraged to use such leave.

4. Supervision be strengthened. This can be done by appointment of technically qualified and experienced persons to all future supervisory vacancies.

5. Consideration be given to a review of the content of material that should be included in case records, specifically in relation to the redetermination of eligibility and continuing contacts with recipients after the initial eligibility is established.

6. More attention be given to the health problems of clients with special emphasis on the preventive aspects of medical care.

7. More use be made of the available health and other social resources in the community by thoughtful referral of the applicant and recipient to these resources. The staffs need help in developing skill in referrals.

8. The present division of responsibility between the County Judges and the County Board of Supervisors be eliminated. Citizenship participation should be made a part of the program. If legislative change is necessary to accomplish these ends, it should be sought after at the next session of the Wisconsin Legislature. The Director of the Department of Public Welfare should be responsible to the County Board of Supervisors, who should appoint an unpaid Board of not less than five of Milwaukee County's leading citizens to act as an advisory board to the Director. The County Board of Supervisors should not delegate administrative authority but should use citizens in an advisory and consultative capacity. Many administrative boards have been dispensed with in government services. The advisory board supplies a channel through which citizens can keep in close touch with public services and express their opinion on matters of policy.

Main Findings — Department of Public Assistance

1. The reception of applicants and recipients is courteous and planned for by orderly procedures.

2. Emergency financial needs of families and individuals are promptly cared for.

3. Eligibility for assistance is thoroughly established by careful checking of sources of income and other resources of the applicant.

4. Home visits are usually on a monthly basis. Some families are visited more frequently.

5. Family budgets are carefully figured and checked. The records studied indicate that the basic economic needs of the families and individuals under care are adequately met.

6. The services to recipients consist almost entirely of granting assistance on the budgetary basis.

7. The case material read and the conferences with the staff give little evidence of careful referral of clients to community resources such as recreational, educational, health, counseling, and other social facilities.

8. Veterans are interviewed in an Intake Unit especially set up for veterans. The home visit to veterans' families follows the same pattern as that for home visits to others.

9. The legal settlement and residence of applicants is carefully determined.

10. The policies set down by the Board of Public Welfare are sometimes rigidly applied when carried out. There is no evidence that the staff intend or plan to be inflexible in carrying out policies, but rather that the lack of adequate supervision of staff results in their carrying out the rules without considering the total family situation.

Personnel

1. The staff needs leadership and supervision.

2. There is no one presently employed in the Department of Public Assistance who is qualified or classified as supervisor.

3. The Acting Superintendent is carrying an impossible and unrealistic assignment. The position of Superintendent has not been filled by a duly certified and appointed person since 1943.

4. The current salary ranges established for the welfare worker classifications, and for the classifications of supervisors, are comparable to salaries paid in other urban communities.

5. The staff needs knowledge, information, and help in the understanding of behavior, and how to work effectively with other than economic problems.

Clerical and Business Procedures And Controls

1. The number of forms currently used in the department is many. There is reason to study these with a view to reducing them to a minimum.

2. The office procedures, statistical and financial, are carefully carried out by the staff, but inter-divisional procedures are elaborate and need simplification.

Relationship to the Community

1. There is no up-to-date manual or handbook of policies and procedures, no written agreements with other departments and agencies, public or private, nor of community resources. The latest compilation was in 1939.

2. The case material read and the conferences with staff give little evidence of careful referral of clients to community resources, such as recreational, educational, health, counseling, and other social facilities.

Main Recommendations

In order to improve the effectiveness and the quality of service to families and individuals under care of the department, the following steps are recommended:

Organizational Setup

1. The lines of authority within the department should be clarified. Responsibility should be centered in the Superintendent.

2. Similar functions and activities should be placed in one division.

3. More discussion of social policy and discussion of methods of carrying out such policies, and study of the policies and procedures with a view of determining the effect of these on client situations by the Board of Public Welfare.

4. District offices will be needed when the functions of the Department of Public Welfare and the Department of Public Assistance are integrated.

Personnel

1. The following positions should be filled at the earliest possible date:

   Superintendent of the department.

   Supervisor of Social Services. (This person should meet the requirements of the Civil Service Classification Supervisor II.)

   Supervisors for the Family Division. (The supervisor in charge of this division should meet qualifications for classification Supervisor II[1].)

   Supervisors for the Special Service Division.

   Supervisor for the Intake Division.

   (These two supervisors should meet the requirements of the Civil Service Classification of Supervisor I.)

   Administrative Assistant. (The Civil Service Classification of Administrative Assistant II.)

   Note: Some of the above positions will need to be established or re-established in the classified service for the department.

2. An in-service training and/or a staff development program should be set up for all department personnel.

Services to Families and Individuals Under Care

1. More careful referrals of recipients to the community facilities and social resources in the community.

2. Fuller information of these community resources should be made available to the staff.

3. More information and knowledge as to ways of working effectively with people in trouble is needed by the welfare workers. (This is one of the reasons an in-service training program, under competent technical leadership is urgently needed.)

4. Workers should be helped through supervision in bringing the preventive health facilities, and other facilities (recreational, educational, etc.) to the families under care.

5. Some of the social policies now prevailing in the department need modification and re-evaluation in their application to family situations. To illustrate: the policy that children under specified circumstances contribute 50 percent of the income to the family budget; the three-day care policy for transients; the surrender of auto licenses; the certifications to work projects; and the rules governing the giving of assistance to homeless, unattached persons, etc.)

[1]The difference between Supervisor II for Social Services and Supervisor II of the Family Division would be one or more years of satisfactory experience as a supervisor.

C. Voluntary Family Case Work

Agencies Included in This Study

1. American Red Cross — Milwaukee County Chapter
2. Family Service of Milwaukee
3. International Institute
4. Jewish Family and Children's Service
5. Men's Social Service Center of the Salvation Army.
6. Psychiatric Services of Milwaukee
7. Rescue Mission of Milwaukee
8. Salvation Army — Family Service Division
9. Travelers Aid Society of Milwaukee
10. Wisconsin Service Association
11. At its request, another agency, St. Vincent De Paul Society, has been included only in statistical analyses.

Community Significance of Voluntary Family Case Work Agencies

The private family case work agencies have been a significant factor in the development of community-wide social welfare programs. The basic function of these agencies has always been the preservation of the fundamental values of family life. The efforts of these agencies to strengthen family life have taken many paths, and have developed and changed with changing community patterns and with increased knowledge about human behavior.

In the early period of their development the efforts of the private family case work agencies to preserve family life were devoted largely to the provision of financial

assistance, since this was the outstanding community need of the period. Later, the voluntary family agencies did significant pioneer work in promoting the establishment of a program for financial assistance to needy persons and families through public tax-supported agencies. The activities of the private family agencies also expanded into the promotion of legislation and other community measures to safeguard health, employment, financial security, housing, and other basic needs of family life. Through their close work with families, these agencies were able to point out to the community the fundamental requisites for adequate family living; and we find that the voluntary family agencies have been, and continue to be, a vital force in the stimulation of widespread community social welfare programs.

At the present time the basic provisions for financial security are provided through public agencies, and the private family welfare agencies have been able to turn their attention to the many other social and emotional problems that constitute a hazard to present day family life. An excellent illustration of the type of family problems for which service is now given by the private family agencies is found in the interpretative booklet, "What is Family Service of Milwaukee?" The agency offers help with many problems, including such problems as husband-wife relationship, parent-child misunderstanding, difficulty on the job or at school, personal and family problems related to physical, mental, or emotional ill health, and various problems of home management.

Present day psychiatric findings point out the basic significance of family life in the emotional development of the child, and in shaping the future behavior of the adult; and consequently, the need for preventive work with problems of family living takes on even greater importance. The present case work program of the private family welfare agencies serves as a needed supplement to the basic program of service and financial assistance provided by the public tax-supported agencies by providing individualization and experimentation which is more difficult to achieve in the large scale public program. Because of the complexities of providing service to families in the area of individual social and emotional problems, the programs of the private family agencies should meet the requisite of flexibility, thoughtful planning, skilled and well-trained personnel, and case loads small enough to permit adequate individualization of persons and families receiving service.

These requisites should be the minimal requisites for a private family agency program in Milwaukee County. The community already has a well developed public program for providing financial assistance to individuals and families, and the private family agencies should be able to devote their attention to a program of individualized service and counseling. A program of this type calls for a high degree of competence in professional activity and community participation, but it is only in this way that the private family agencies can effectively supplement the program of the public agencies. In addition, it is important that the program of the private family agencies should not be crystallized into a permanent status quo, but that these agencies should continue to explore new areas of service, and at the same time maintain their function of pointing out additional areas of service which the public agencies can gradually assume.

Methods of Study

Several general questions have been borne in mind in reviewing the program of each agency. Among these questions were the following:

1. Does the service of this agency meet a genuine community need?

2. Does the agency provide sufficient service to meet the community need?

3. Is the quality of service adequate to meet the community need?

4. Is the program of the agency sufficiently flexible to enable it to adjust to changing community patterns?

5. Has the agency program been integrated into the general program planning for community welfare needs?

The following specific methods were employed in reviewing the program of each individual agency:

1. A perusal of general material, such as
   a. The charter and bylaws
   b. Minutes of board meetings
   c. Agency manual
   d. Specific written policies such as, intake procedures, procedures for making and accepting referrals, inter-agency agreements, etc.
2. A statistical study of financial and service reports.
3. Interviews with
   a. Agency executive
   b. Members of supervisory and case work staff
   c. Occasional board members and other lay persons
   d. Staff members of cooperating agencies
   e. Staff members of the Community Welfare Council
4. A study of personnel through
   a. Reading personnel policy and classification material
   b. A review of schedules for each professional staff member showing present status, educational qualifications, and previous experience.
5. The reading of agency case records.
   a. The number of records read in each agency ranged between 25 and 45
   b. The records contained a sample of each type of work done by the agency, as well as a sample done by each professional staff member in the agency.

A detailed individual report has been written for each agency included in this section of the Survey, containing specific recommendations regarding the program of each agency. These reports have been sent to each agency for its own use. Only general data and the principal recommendations are here-in included.

Agency Services. — The private family welfare and adult case work agencies provide case work service and some financial assistance to a large number of families and individuals in Milwaukee County. In 1948 the number of families and individuals served by these agencies, exclusive of the shelter program, totaled 20,493. Table 12 shows the total number of cases served in 1948 by each agency, as well as the monthly average case load, number of cases receiving financial assistance, amount of financial assistance, and average size of professional staff. The services of the Rescue Mission and Men's Social Service Center are shown in a separate table, because

of the differences in methods of reporting shelter statistics.

It is apparent that the major emphasis in the program of these agencies is upon service rather than upon financial assistance, since in all agencies, except the Salvation Army, the relief cases form only a small proportion of total case loads, and average somewhere between 10 and 13 percent of their total cases. As might be anticipated, the largest relief expenditure per case is found in the three major case work agencies, since these agencies carry a continued responsibility for their cases, and since their cases consist largely of families, rather than single individuals. The Family Service Department of the Salvation Army on the other hand, has the largest average number of relief cases, but also has the smallest amount of relief expenditure per case, averaging slightly more than two dollars. This is a result of its special case load, which consists primarily of transient men, as well as the fact that assistance is limited largely to meal tickets and incidental clothing.

The major responsibility for general family case work service rests with the Family Service of Milwaukee, which carries the largest total and the largest monthly average number of cases among the general family case work agencies. However, the largest total number of families and individuals receiving service from any one agency is found in the Home Service Department of the American Red Cross. This points up the need for a good program of case work service and referral within the Red Cross, particularly since its specialized service for governmental claims bring many people to the attention of the Red Cross who might not otherwise be reached by agency services.

During the past three years there has been a small decrease both in volume of service and relief expenditures for this group of agencies. The decrease for both case load and relief expenditures has been relatively constant for all of the agencies in this group, except for the relief expenditures of the Salvation Army, which increased from $3,182.56 in 1947 to $5,161.75 in 1948. This decrease has been in keeping with the nation-wide trend as shown in the report on "Community Health and Welfare Services" published by the Community Chest and Councils in 1947.

In contrast with the decline in volume of service shown by the agencies included in Table 12, the statistical reports for shelter care for unattached men reveal an increase. Table 13 presents a comparison of service statistics for 1948 and 1947 for the Rescue Mission and the Men's Social Service Center of the Salvation Army.

It is evident from the figures that the need for shelter care has increased during the past year, and that the present facilities are operating to capacity. Another important factor revealed in this table is the high proportion of local residents residing in the shelters. A careful examination of the case load of the shelters is indicated in order to determine whether or not outside living plans can be made for many of the men. In addition to the value for the men themselves, this would provide the community with additional facilities for the care of transients.

Agency Expenditures. — The total expenditures of the voluntary family case work and adult case work agencies represent a considerable community investment. In keeping with the purposes for which the agencies were set up, the greatest proportion of this expenditure represents an expenditure for service, since the basic financial assistance needs of the community are being met, and should be met, by the public tax-supported agencies. Table 14 indicates the total expenditures for each agency in 1948, the sources of income, and the amount expended for direct relief purposes.

TABLE 12

TOTAL CASES AND AVERAGE MONTHLY FIGURES FOR EIGHT VOLUNTARY FAMILY AND ADULT CASE WORK AGENCIES IN MILWAUKEE COUNTY, 1948

	Unduplicated Total Cases Under Care	Monthly Average Cases Under Care	Average Relief Cases Monthly	Monthly Average Relief Expenditures	Average Size Professional Staff
TOTAL	20,493	4,168	460	$9,124	78
Family Service	3,132	604	77	3,975	22
Jewish Family and Children's Service	399	99	10	623	4
St. Vincent De Paul	1,309	351	36	1,537	8
Salvation Army Family Service	2,635	318	195	430	3
American Red Cross — Home Service	8,065	1,221	122	2,441	24
Wisconsin Service Assn.	469	220	No Report	78	3
Travelers Aid Society	1,742	145	20	40	8
International Institute	3,204	1,210	..	..	6

Findings

Agency Structure

1. Basic family case work services are provided through three family case work agencies, one non-sectarian, one Catholic, and one Jewish.

2. The clearance and cooperation carried on between these agencies avoid duplication without endangering the right of the client to select the agency from which he wishes to seek service.

3. The specialized services of the other seven agencies include service

TABLE 13

NUMBER OF MEN SERVED BY TWO SHELTERS IN MILWAUKEE COUNTY AND NUMBER OF MEALS AND LODGINGS PROVIDED

	Rescue Mission		Men's Social Service Center — Salvation Army	
	1948	1947	1948	1947
Meals Provided				
Total	86,021	76,697	78,979	74,511
Average	7,168	6,391	6,582	6,209
Lodgings Provided				
Total	103,808	93,695	26,581	24,747
Average	8,651	7,808	2,215	2,062
Total Number Individuals Served	14,374	10,310	828	788
Non-residents	3,813	3,350	143	144
Residents	10,561	6,960	685	644

and financial aid for veterans and families, moving persons, non-residents, prisoners and families, local and transient unattached men, and persons having difficulty with problems of immigration and naturalization.

4. The agencies providing specialized services have avoided duplication and overlapping with each other and with the public agency, except for services to transients and prisoners.

5. The public agencies make almost no referrals to the private case work agencies and do not utilize sufficiently the case work facilities of the private agencies for their clients.

TABLE 14

TOTAL EXPENDITURES, SOURCE OF INCOME, AND RELIEF EXPENDITURES FOR NINE VOLUNTARY FAMILY AND ADULT CASE WORK AGENCIES IN MILWAUKEE COUNTY, 1948

	Total Expenditures	SOURCE OF INCOME					
		Contributions			Payment for Service	Other Income	Relief Expenditures
		Community Chest	Sectarian Federation	Other			
TOTAL	$698,773	$287,953	$48,000	$287,309	$53,149	$22,362	$109,479.54
Family Service	201,538	176,095	..	2,798	8,707	13,938	47,698.88
American Red Cross — Home Service	235,671	..	..	228,957	6,714	..	29,297.38
Jewish Family and Children's Service — Family Division	28,209	27,868	..	86	255	..	7,481.51
St. Vincent De Paul	69,999	..	48,000	16,670	5,329	..	18,438.30
Salvation Army— Family Service	33,476	12,673	..	18,410	..	2,393	5,161.75
Travelers Aid Society	37,549	30,911	..	193	5,555	890	470.78
International Institute	30,359	26,757	..	96	2,299	1,207	..
Wisconsin Service Assn.	13,902	13,649	..	6	247	..	930.94
Rescue Mission	48,069	..	..	20,093	24,043	3,934	No Report

Agency Services

1. In 1948, the number of families and individuals given case work service and some financial assistance by the private family welfare and adult case work agencies, other than the shelters, totaled 20,493.

2. The major emphasis in the program of these agencies is upon service rather than upon financial assistance, and in all but one agency, the relief cases averaged less than 15 percent of the total case load.

3. The two shelter programs for men furnished a total of 130,389 lodgings and 165,000 meals in 1948. The need for shelter care has increased during the past year, and the present facilities are operating to capacity.

Agency Expenditures

1. In 1948 the total expenditures of the eleven agencies included in this study were $711,293.00.

2. In keeping with the purpose for which the agencies were set up, the greatest proportion of this expenditure represents an expenditure for service, since the basic financial assistance needs of the community are being met, and should be met, by the public tax-supported agencies.

3. Seven of these eleven agencies are members of the Community Chest and derive their chief financial support from this source; two of the agencies have individual community-wide campaigns; one agency derives its support from a sectarian fund campaign, and one agency derives its funds from the collection and sales of salvage items.

4. The Milwaukee community is subjected to a variety of fund campaigns which present confusion to the individual giver, and may result in a diversion of funds to the most popular and publicized programs, rather than to the areas of greatest need.

Agency Personnel

1. An important step in the development of adequate social work standards took place in 1946, when the Community Welfare Council developed a classification system for professional social work positions. The plan is adaptable to any case work agency.

2. Many agencies still employ personnel who do not meet the basic minimum requirements set up in the classification system.

3. Salary scales and educational qualifications for supervisory and case work personnel vary widely from agency to agency. Approximately one-half of the supervisory staff and one-fourth of the case work staff in the voluntary family and adult case work agencies have completed graduate training in a school of social work. The case work salaries in the private agencies are lower than those paid in the public agencies.

4. The large number of untrained or partially trained persons employed in these agencies presents serious hazards to the case work program of the agencies, and points out the need for an extensive scholarship program and well developed plans of in-service training.

General Recommendations

Services to Families

1. Further expansion is needed in the case work programs of the general family case work agencies.

2. Closer cooperation should be developed between the general family agencies and the American Red Cross, in order to make certain that veterans and their families are receiving needed case work services. This service should be given through referral to general family case work agencies and through increased case work services within the Home Service Department of the American Red Cross.

3. Priority should be given to expansion in the area of work with families concerned with children's behavior problems since there is a marked lack of child guidance facilities in the community.

Services for Education in Family Living

1. The family case work agencies should experiment with group coun-

seling in order to develop preventive case work.

2. The program should focus at this time, primarily, on the study of child development.

Services to Transients

1. Major responsibility for this group should remain with the Department of Public Assistance.

2. Private agency services should be confined to those requiring the special case work services of a private agency, or to those ineligible for public agency care.

3. Private agency services to transients should be centralized in one community agency which will serve as a center for referral and direct service. The Travelers Aid Society appears to be the agency best suited to this purpose.

4. Case work service should be provided at the Rescue Mission to coordinate the shelter and service programs to transients. This service should be provided through a joint arrangement with the Travelers Aid Society.

Services to the Aged

1. This field of service needs expansion, both in the area of direct service to the aged, and in the area of coordinating of the services of the sectarian and non-sectarian institutions for the aged.

2. Institutions for the aged should be encouraged to refer situations to the family agencies for case work services, and should also use the family agencies for direct or consultative case work services for their residents.

Services to Unmarried Mothers

1. Additional services to unmarried mothers are necessary, particularly in the Protestant and non-sectarian group.

2. Case work services should be given to the unmarried mother in the area of her own emotional problems, rather than considering the problem primarily one of planning for the child. Such problems are within the scope and competence of the private family agency, and its services should be extended to unmarried mothers, as it is to other adults.

3. Policies should be developed to differentiate cases which will be accepted by the child welfare agency, the public welfare agency, and the private family agency.

Services to Young People

1. Older adolescents and young people should be given a greater volume of service by the family agencies, since these young people frequently face difficult problems of adjustment.

2. Cases of this kind should be reached through community-wide publicity and through cooperative relationships with children's and group work agencies.

Services to Immigrants

1. The services given for immigration and naturalization problems should be expanded because of new immigration legislation and increased concern in the community regarding immigration.

2. Provision should be made for better coordination among national groups sponsoring immigration.

3. Follow-up interviews should be held with newly arrived immigrants, and situations should be referred to community case work agencies if further case work services are necessary.

Services to Prisoners

1. Private agency services should avoid duplication with services offered by the Department of Corrections. They should focus upon the group not receiving service from the public agency, or upon the group of men and families needing help of such a skilled nature that it is not readily available in the large scale public program.

2. Well-trained and highly skilled staff should be utilized who can use and contribute to advanced thinking in criminology.

Coordination of Services

1. Inter-agency agreements for referral and cooperative procedures need to be formulated and implemented.

2. A central referral and informational service would be valuable in coordinating referral and intake procedures of the various agencies.

3. Careful provision should be made for inter-agency conferences on specific cases, and more integrated planning should be done when several agencies are working on the same case.

D. Homemaker Services

Homemaker service means the supervised placement by an agency of a woman chosen for her skills and her ability to get along with people in a home where her services are needed to maintain and preserve the home as a unit.

Homemaker service started in the 1920's when two Jewish agencies in Philadelphia and Chicago decided it was better to care for children in their own homes wherever possible through the use of a homemaker.

At present approximately 70 agencies employ homemakers. For the most part, these are family agencies supported by private funds. However, public welfare agencies are showing an increasing interest in this form of care. Two of the larger such agencies have 95 and 35 homemakers as staff members.

The present homemaker program in Milwaukee is provided by the St. Vincent De Paul Society and the Family Service.

The St. Vincent De Paul Society started its service in 1934 to give long-time resident care to families with children.

The Family Service started in 1933 to provide long-time care to motherless families.

In 1945 the Community Welfare Council appointed a committee which has been considering all problems relating to this service.

Both the above agencies feel that they cannot expand their services sufficiently to meet the existing need. This need exists particularly in cases needing short-time care — many of which are already known to the public agencies. The logical place for the expansion of this service is in the Public Welfare Department as a part of its total program.

The recommendations which follow are abbreviated. Those interested should read the entire report which is available at the offices of the Survey and the Community Welfare Council. As this is a service of proven value, it should be given immediate consideration.

Recommendations

It is recommended that:

1. Homemaker service be regarded as the responsibility of both public and private agencies and as a part of their total case work program.

2. As a first step, the Department of Public Welfare of Milwaukee County provide homemaker service to its own clients. Soon this service should be available to all families

eligible for any health or welfare service of Milwaukee County.

3. Additional voluntary funds be made available to strengthen and extend the existing homemaker service of Family Service and St. Vincent De Paul Society.

4. Some special provision be made for homemaker service for Jewish families and for individuals whose income is such that they would not be eligible for such care from the public agency.

5. Careful selection continue to be made of the families in Milwaukee who can profitably use homemaker service.

6. The person who has administrative responsibility for the homemaker program be a well qualified person with professional training and experience in social work, preferably in the supervision of case workers, or who has had other administrative responsibility.

7. Homemakers be carefully selected and chosen primarily for their ability to get along well with both adults and children.

8. Personnel practices be adopted to attract and hold competent homemakers and give them status in the agency.

9. The Committee on Community Planning for Homemaker Service continue its meetings. Either the committee as a whole or a subcommittee might consider some of the health aspects of homemaker service such as differentiation of the types of care to be given by the trained nurse, practical nurse, and homemaker.

10. An agency needs the services of a physician skilled in psychosomatic medical care to advise them in certain situations.

11. In all probability public health nurses could be helpful with a greater number of families.

12. Additional research and the preparation of articles on certain aspects of the agency's homemaker service would be helpful to the agency in evaluating the program, to the community in its planning, and to agencies in other cities.

13. Consideration be given to the need for public interpretation of homemaker service.

14. Funds be available so that Milwaukee can have a representative at the two-day meetings held anually by the National Committee on Homemaker Service.

Perhaps we can summarize all this by saying that:

a. Homemaker service in Milwaukee County should be extended and strengthened through the use of both public and private funds.

b. The service should be developed in the Milwaukee County Department of Public Welfare on as broad and a sound a basis as possible.

c. Case work service is essential to a good homemaker program. Many of the situations requiring the placement of a homemaker are accompanied by emotional and social problems.

d. Families using homemaker service must have their basic requirements met, such as food, clothing, equipment, bed linen, etc.

The city has been a better place in which to live for many families because homemakers have been available in a time of crisis. The community has demonstrated that through this service many children can be kept in their own homes to the satisfaction of both children and parents. In its use of homemakers, Milwaukee has given more than lip service to the values of family life and the belief that homes offer the best opportunity for the normal development of children. Milwaukee also has shown the value of homemaker service in the care of the aged. The progress made in the past clearly marks the happenings of the future. It gives every assurance that Milwaukee will continue to plan wisely and boldly its homemaker program.

II. Child Welfare Services

Agencies Covered

1. Catholic Social Welfare Bureau
2. Children's Service Society
3. Friendship House
4. Homme Children's Home Cottage
5. House of Good Shepherd
6. Jewish Family and Children's Service
7. Lakeside Children's Center
8. Lutheran Children's Friend Society
9. Lutheran Welfare Society
10. Martha Washington Maternity Home
11. Milwaukee County Children's Home
12. Milwaukee County Department of Public Welfare
13. St. Aemilian's Orphan Asylum
14. St. Charles Boys' Home
15. St. Joseph's Orphan Asylum
16. St. Joseph's Home of St. Teresa
17. St. Margaret's Guild
18. St. Rose's Orphan Asylum
19. St. Vincent's Infant Asylum
20. Child Care Centers
    Tenth Street
    Cass Street
21. Our Lady of Pompeii Nursery School
22. St. Joan Antida Nursery
    Cass Street
    Beloit Road
23. Volunteers of America Day Nursery
24. Welfare Counselors of the Pupil Guidance Service Milwaukee City Schools

This report contains information about the care provided children in Milwaukee County. It was written from the point of view of the total facilities and services available and the extent to which these resources meet the requirements of all children in need of such care. Copies of the report have been sent to all the agencies (26 in number) included in the study, and to the Community Welfare Council.

The broad recommendations and general data contained in the main report were supplemented by more specific suggestions and comments sent in letters to each child caring agency and institution.

It is unfortunately true that there are thousands of children in Milwaukee County and every other large urban area who are deprived of home and parental care. For these, other care must be provided. It seems well, before giving any summary of the report, to make a general statement of the underlying philosophy about child care.

Children are our nation's most precious resource. The future alone will show the extent to which we have planned wisely and well for the nurture and rearing of those boys and girls whose parents are, for any reason, unable to meet their daily needs. Milwaukee, not unlike other prosperous urban communities, has developed a labyrinth of social service agencies and other services which are designed to further the care and protection of families and children and to sustain family life wherever possible. This is as it should be.

> "Home life is the highest and finest product of civilization. It is the great molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons.'"[1]

The complete report on Services to Children is 99 pages in length. The summary must be brief, but will include:

1. The principles which are generally agreed upon and which have increasingly been accepted as sound in developing local programs of care and social services.

2. Several tables showing the number of children cared for in Milwaukee County, the types of service rendered, and the source of revenue.

3. The main findings and recommendations. Information about individual agencies will not be in the Summary and not all the findings and recommendations can be included. Those who have a special interest should read the entire report.

Principles Generally Agreed Upon And Increasingly Accepted

1. Children should only be removed from their own families when it is evident that the care they need cannot be supplied by the natural parents.

2. A well-rounded program of social services should include provision for extending help and remedial services to families and children so as to eliminate, whenever possible, the necessity of placement of a child outside of its own home.

3. For some children, however, foster care placement is inevitable; therefore, every urban community needs a properly balanced and well-rounded foster care program. Such a program must include provision for both institutional and foster home care, thereby making it possible for those agencies responsible for planning with parents for the care of their children to select facilities which will, as nearly as possible, meet the individual needs of each child accepted for care.

In some instances, the circumstances of the placement, the age of the child, or other factors may indicate that it is advisable for the child to be placed for either a temporary or longer period of time in an institution or small group care facilities; for others, a boarding home placement may be immediately necessary. In any event, it is important that sufficient resources and facilities be available so that there may be a choice.

4. Providing care for "other people's" children is very serious business. The foster parents or institutional personnel who carry this responsibility are of inestimable influence in the lives of the children they serve. Therefore, the personal qualities and capabilities of these persons are of vital importance.

5. Case work services are a necessary ingredient of any child care program. Such service should be available to parents and children prior to and after placement. A child needs to be helped to fit into his new environment and to understand what he may expect in day-to-day living. Whenever possible, parents should be encouraged and helped to re-establish or so improve the family home situation, and thereby make it unnecessary for children to remain away from home for indefinite periods.

6. Facilities must also be available to meet the needs of children who are extremely disturbed and for whom psychiatric or other specialized forms of treatment and care are necessary.

[1] **Proceedings of the Conference on the Care of Dependent Children,** Washington, D. C., 1909.

Tables Showing Number of Children Under Care, Types of Service, and Source of Funds.

Many hundreds of Milwaukee children receive care every day in either substitute parental homes or institutions. Data carried in Table 15 for the calendar year 1948 pertains to the dependent and neglected children served by 13 voluntary child caring and child placing agencies and institutions, one facility providing temporary shelter, and the two services maintained under public auspices; namely, the Milwaukee County Children's Home and the boarding care program very recently transferred from the Children's Home to the County Department of Public Welfare. These data do not include those children served exclusively by the Children's Court or the children adjudged delinquent and cared for by St. Charles Boys' Home or the House of the Good Shepherd, which provides care for delinquent girls.

This information, taken from reports published by the Community Welfare Council, reveals that during the year 1948 there was an average of 2,439 neglected and dependent children under care each month by both voluntary and public agencies. Of this group, 1,169 were in institutions. These averages do not reflect the total number of different children who received care; however, the figures are none the less significant. Similar data compiled in 1947 lends itself to comparison with data available from other urban communities.

TABLE 15

NUMBER OF DEPENDENT AND NEGLECTED CHILDREN UNDER DIRECT CARE OF CHILD CARING AGENCIES AND INSTITUTIONS IN 1948[1]

	Total	In Home of Parents	In Home of Relatives	In Foster Homes	In Institutions
Monthly Average	2,439	166	122	982	1,169
Voluntary Agencies ..	1,256	157	69	571	459
Public Agencies	1,183	9	53	411	710

[1]Includes Milwaukee County children only.

For example, in the report "Community Health and Welfare Services"[1] there is comparative information for the year 1947 about the foster care provided in 34 urban communities, including Milwaukee. The different ways in which communities are providing foster care for children is of great interest. The wide extent to which institutional care has been used in Milwaukee, is immediately obvious. Of the children under care in 1947 in these 34 urban communities, 41.2 percent were in foster homes, and 29.7 percent were living in institutions. The other children, or 29.1 percent, were in the homes of relatives or their own parents.

In Milwaukee 46.6 percent of the children who received care were in institutions, 39.2 percent were in foster homes, and 14.2 percent were in the homes of their parents or other relatives.

The trend in child care, as taken from the nine years (1940-1948) shows a noteworthy increase in public responsibility, with more than a doubling in the foster home program. The number in public institutions continues to be relatively large. In the private agency field, the numbers served have increased only slightly, with the trend toward increased foster home placements and less institutional treatment except for specialized needs. Table 16 gives statistics for the period 1940 through 1948.

Table 17 carries data showing the whereabouts of children under care in six urban areas of somewhat comparable size to Milwaukee.

Milwaukee has the greatest percentage of children receiving care in institutions of any of the cities included in this selected group. Five cities are included in the total group of 34 which have a higher percentage of children receiving care in institutions. St. Paul, Minnesota has the smallest percentage of children receiving institutional care in the entire group. In that city 6.5 percent of the children were in institutions, 42.8 percent in foster homes. The balance, or 50.7 percent, were living with parents or other responsible relatives. The percentage of children in foster homes is slightly lower in Milwaukee than the aver-

[1]Published by Community Chests and Councils of America, Inc.

TABLE 16

AVERAGE NUMBER OF CHILDREN UNDER CARE ON THE LAST DAY OF THE MONTH BY PUBLIC AND PRIVATE CHILD CARE AGENCIES IN MILWAUKEE COUNTY

1940-1948

	1940	1941	1942	1943	1944	1945	1946	1947	1948
Total Under Care	3,373	3,314	3,348	3,251	3,315	3,957	4,092	3,991	3,767
Public	874	874	876	918	944	1,009	1,112	1,208	1,245
Private	2,499	2,440	2,472	2,333	2,371	2,948	2,980	2,783	2,522
Total — Public	874	874	876[a]	918	944	1,009	1,112	1,208	1,245
In Homes of Parents or Relatives	157	132	91	87	78	67	63	63	61
In Foster Homes	207	233	223	230	247	263	310	372	411
In Institutions	466	450	503	542	550	604	663	705	713
All Other Types of Care	44	59	59	59	69	75	76	68	60
Total — Private	2,499	2,440	2,472	2,333	2,371	2,948	2,980	2,783	2,522
In Homes of Parents or Relatives	647	552	498	412	452	565	510	438	397
In Foster Homes	778	849	869	830	872	1,254	1,359	1,315	1,142
In Institutions	861	820	859	856	782	803	781	809	761
All Other Types of Care	213	219	246	235	265	326	330	221	222

(Based on monthly reports received by the Research Department, Community Welfare Council, from two public and fourteen private children's agencies.)

[a]D.P.A. Children's Division discontinued May, 1942.

TABLE 17
WHEREABOUTS OF CHILDREN UNDER CARE IN SIX URBAN AREAS

Area	Total	In Home of Parents	In Home of Relatives	In Foster Homes	In Institutions
Average of 34 Urban Communities	100.0	24.5	4.6	41.2	29.7
Atlanta, Ga.	100.0	13.4	5.1	53.7	27.8
Baltimore, Md.	100.0	13.2	5.0	48.2	33.6
Buffalo, N. Y.	100.0	37.9	4.9	30.8	26.4
MILWAUKEE, WIS.	100.0	9.1	5.1	39.2	46.6
Providence, R. I.	100.0	29.7	5.5	35.5	29.3
San Diego, Calif.	100 0	19.3	3.0	44.4	33.3

age in 34 urban communities and considerably lower than the percentage reported for Atlanta, Georgia; Buffalo, New York; San Diego, California.

The foregoing by no means provides a picture of the total functions or services provided. Each of the agencies and institutions has developed certain policies and procedures which determine the con-

[1]Erie, Pennsylvania; Grand Rapids, Michigan; Fort Worth, Texas; Oklahoma City, Oklahoma; and Sioux City, Iowa.

TABLE 18
FOSTER CARE FACILITIES PROVIDING 24 HOUR CARE IN MILWAUKEE COUNTY[1]
DECEMBER, 1948

Name of Agency	Auspices	Type of Foster Care Provided[2]	Source of Funds[3]	Age and Sex of Children Served
Catholic Social Welfare Bureau	Voluntary Sectarian	Foster Home Care	Community Welfare Council; Archdiocesan Catholic Charities Council; Voluntary Contributions	Boys and Girls Infancy to 18 Years
Children's Service Society	Voluntary	Foster Home Care	Community Welfare Council; Voluntary Contributions	Boys and Girls Infancy to 18 Years
Friendship House	Voluntary	Temporary Shelter	Endowment	Boys Under 8 Years Girls Under 16 Years Accompanied by Adults
Homme Children's Home Cottage	Voluntary Sectarian	Institutional Care	Evangelical Lutheran Church; Voluntary Contributions	Boys and Girls 6 to 16 Years
House of Good Shepherd	Voluntary Sectarian	Institutional Care	Archdiocesan Catholic Charities Council; Voluntary Contributions	Delinquent Girls 14 to 18 Years
Jewish Family and Children's Service	Voluntary Sectarian	Foster Home Care; Institutional Care	Community Welfare Council; Voluntary Contributions	Boys and Girls Infancy to 21 Years Institutional Care 5 to 16 Years
Lakeside Children's Center	Voluntary	Foster Home Care; Institutional Care	Community Welfare Council; Endowment	Boys 4 to 12 Years Girls 4 to 14 Years
Lutheran Children's Friend Society	Voluntary Sectarian	Foster Home Care; Institutional Care	Lutheran Churches of the Missouri, Wisconsin Norwegian and Slovak Synods; Voluntary Contributions	Boys and Girls Infancy to 16 Years
Lutheran Welfare Society	Voluntary Sectarian	Foster Home Care	Community Welfare Council; National Lutheran Welfare Council; Voluntary Contributions	Boys and Girls Infancy to 18 Years
Milwaukee County Children's Home	Public	Institutional Care	County Funds	Boys and Girls. Infancy Through Eighth Grade
Milwaukee County Dept. of Public Welfare	Public	Foster Home Care	County and State Funds	Boys and Girls. Infancy to 18 Years
St. Aemilian's Orphan Asylum	Voluntary Sectarian	Institutional Care	Archdiocesan Catholic Charities Council; Voluntary Contributions	Boys 6 to 14 Years
St. Charles Boys' Home	Voluntary Sectarian	Institutional Care	Community Welfare Council; Archdiocesan Catholic Charities Council; Voluntary Contributions; School Lunch Program; Sale of Farm Products	Delinquent Boys 12 to 18 Years
St. Joseph's Orphan Asylum	Voluntary Sectarian	Institutional Care	Community Welfare Council; Archdiocesan Catholic Charities Council; Voluntary Contributions	Polish Boys and Girls 3 to 18 Years
St. Joseph's Home of St. Teresa	Voluntary Sectarian	Institutional Care	Archdiocesan Catholic Charities Council; Voluntary Contributions	Boys 3 to 14 Years
St. Margaret's Guild	Voluntary Sectarian	Institutional Care	Archdiocesan Catholic Charities Council; Women's Auxiliary	Girls 14 to 18 Years
St. Rose's Orphan Asylum	Voluntary Sectarian	Institutional Care	Community Welfare Council; Archdiocesan Catholic Charities Council; Voluntary Contributions	Girls 6 Years Through the Eighth Grade
St. Vincent's Infant Asylum	Voluntary Sectarian	Institutional Care	Community Welfare Council; Endowments; Voluntary Contributions	Girls and Boys Infancy to 6 Years

[1]Exclusive of care provided by Children's Court.
[2]Foster Home Care includes care in boarding, free, work, or wage homes, as well as adoptive homes. Institutional Care includes group care provided on a 24 hour basis.
[3]In addition to payments by parents.

TABLE 19
DAY CARE FACILITIES FOR LESS THAN 24-HOUR PERIODS
MILWAUKEE COUNTY — DECEMBER, 1948

Name of Agency	Auspices	Type of Care	Source of Funds[1]	Age and Sex of Children Served
Child Care Centers Tenth Street Cass Street	Voluntary	Day Care	Community Welfare Council	Boys and Girls 2 to 5 Years
Our Lady of Pompeii Nursery School	Voluntary Sectarian	Day Care	Voluntary Contributions	Boys and Girls 2 to 6 Years
St. Joan Antida Nursery Cass Street Beloit Road	Voluntary Sectarian	Day Care	Voluntary Contributions	Boys and Girls 2 to 6 Years
Volunteers of America Day Nursery	Voluntary	Day Care	Community Welfare Council	Boys and Girls 2 to 9 Years

[1]In addition to payments by parents.

ditions under which children are accepted for care. The large number of agencies and institutions serving children in Milwaukee makes for complications and difficulties in developing a child care program which is both flexible and comprehensive in coverage but which, at the same time, is so clearly defined that it is always possible for all persons, including parents who wish to utilize the child care services, to know where they should turn for help and guidance.

Main Findings and Recommendations

General

1. Staff in every agency and institution visited appeared to have great concern about the children under care.

2. There were evidences of marked improvement in the past two years in the quality of social services provided children by child placing agencies.

3. Agencies operating under voluntary or sectarian auspices, with exception of the Jewish Family and Children's Service, are unable to consistently carry out stated intake policies for one or more of the following reasons:

a. Insufficient staff to perform necessary services.

b. Lack of boarding homes or other facilities needed for proper care of a particular child.

c. Fund limitations in some instances, mitigate against the acceptance of responsibility for some children in need of long-time care.

4. Case work services which might prevent the need for placement of some children are not readily available to parents. None of the agencies has either the necessary staff or funds to take responsibility for providing such services to families and children.

5. There is inadequate provision in the community for children who are extremely disturbed and in need of continuous study and observation in a controlled environment.

6. Group care which is adapted especially to the needs of teen-age boys and girls is not available for other than a very small number of children.

7. There is need for more coordinated planning between child caring agencies and institutions, under both public and voluntary auspices, so that the total foster care program in Milwaukee County will more effectively meet the needs of children.

Child Placing Agencies

1. Agencies have made provision to employ staff with necessary case work skill and competence to perform the child placing function. All agencies during the period of the Survey had staff vacancies and, as a temporary measure, some are utilizing to a serious extent, persons who have not had either the training or experience required.

2. Even though effort has been made to receive them, all child placing agencies are handicapped because they do not have the boarding homes needed to care adequately for children for whom they are responsible.

3. The absence of a sufficient number of boarding homes has resulted in:

a. The placement of some children in institutions, even though the age of the child or the problems of the child are such that institutional placement is not wise.

b. More than 75 percent of the children in institutions are living in overcrowded conditions.

4. All child placing agencies have waiting lists of parents who are seeking to adopt children. Many months, and, in most instances a year or more, elapse after persons made application to adopt a child, before the adoptive study is made and a child offered to the adoptive parents for consideration.

5. Child placing agencies periodically are unable to accept applications from couples wishing to adopt children. Such practice is followed because of staff shortages and the limited number of children available for adoption. Some of the reasons for this are:

a. A large number of children receiving foster care either in boarding homes or institutions are not available for adoption usually because one or both parents are still living, and have not terminated parental rights.

b. The value of utilizing a child placing agency in making an adoptive placement of a child is not recognized or understood by many parents and, in some instances, by other responsible persons.

c. Most persons desiring to adopt a child wish to have a very young child, and many of the children in foster care are school age or otherwise do not meet requirements of adoptive parents.

6. Services available to unmarried parents and their children are inadequate in the following ways:

a. Agencies have tended to focus their efforts almost exclusively on making plans for the placement of children born out of wedlock, and have not consistently given proper attention to the problems of unmarried parents.

b. Because of this practice of focusing services on the child almost exclusively, sufficient consideration has not been given to the personal and emotional problems of unmarried mothers.

c. Unmarried mothers who are not residents of Milwaukee do not get the services they need, nor do Negro unmarried mothers.

d. For the past two years services available to Protestant unmar-

ried mothers have been especially limited due to a change in intake policies by the only voluntary non-sectarian child placing agency in Milwaukee.

Children in Institutions

1. Children are often placed in institutions in Milwaukee County because there is no other way in which to care for them.

2. Children living in institutions are given good physical care and are almost without exception well fed and clothed.

3. There is evidence that some children are harmed by protracted periods of care in an institution or several different institutions.

4. More than 400 children of preschool age are under care in institutions in Milwaukee County. Institutions should not be expected to care for very young children. Experience has repeatedly shown that they need and can be better cared for in boarding homes.

5. The Milwaukee County Children's Home has been required to provide care for far more children than they can reasonably be expected to serve.

6. Most of the institutions in Milwaukee were built 50 or more years ago. Almost without exception they are so constructed that it is difficult to provide care for children on other than a rather impersonal, routinized and congregate basis.

7. Many children living in Catholic institutions and all children living at the Milwaukee County Home for Dependent Children attend school in the institution. Consideration which is being given by some additional Catholic institutions for sending an increasing number of children to parochial schools is wise.

8. Supervisory staff employed to direct the daily care of children in the majority of institutions needs help in understanding children's problems, and in developing increased skills in working with them.

9. Institutions need to be encouraged to increasingly provide care for fewer children and for shorter periods of time.

Daytime Care

1. The care available to children in the two child care centers and the day nursery operated by Volunteers of America meets a very real need.

2. The extent to which these facilities are able to supply the total need for daily care and nursery education for children whose parents, either because they must work or for other reasons cannot care for them during the day, is not known.

3. It is not feasible to consider further at this time a merger of these three centers operating under voluntary auspices.

4. Recognition has very properly been given by these non-sectarian day care agencies to the need for utilizing case work skills in the handling of applications for day care and in counseling with parents during the time children are in the centers.

5. Increased efforts should be made for more joint planning and a closer coordination of services provided by each day care center.

6. Adequate information could not be secured about the three nurseries operated for the care of Catholic children. It is known that at least one of these facilities is planning to markedly expand; that the programs do not include nursery education; and that case work services are not available to children in care.

Recommendations

It is recommended that:

1. A well-rounded foster care program be developed which will make it possible to place children in accordance with the needs of each individual child.

2. There be increased coordination of existing child care programs and facilities so that comparable and adequate services are available for all children irrespective of race, creed, or religious affiliation.

3. Services provided by existing agencies and institutions be strengthened and improved through a continuous and vigorous recruitment program supplemented by more formalized efforts to develop in-service training programs for the help and guidance of all employees.

As a means of furthering these objectives, it is recommended that:

a. Coordinated planning between child caring agencies and institutions be developed.

b. Agencies formulate written policy statements to control day-to-day problems of referral and placement.

c. The County Department of Public Welfare develop its child care programs.

d. Agencies renew efforts to find more foster homes.

e. Agencies encourage parents to participate in cost of care provided their children.

f. Agencies cooperate and make every effort to place children of pre-school age in foster homes.

g. Increased attention be given to the handling of adoptive applications.

h. That both child care and family agencies develop a service for the care of children in their own homes.

i. That Welfare Counselors increasingly use the service of existing case work agencies.

j. That plans be made for services to unmarried mothers as well as for their children. (There are gaps in this service now. See main report.)

In order to provide the best possible care for children placed in institutions some recommendations are made. In brief they are:

a. That privately supported institutions continue efforts to accept children on a selective basis.

b. That age limit of all children accepted for care by institutions be given attention and the number of pre-school children be consistently reduced.

c. That the number placed in Milwaukee County Children's Home be reduced.

d. That more adequate case work service be made available to children in institutions for a long period of time.

e. That children in institutions be provided opportunity for activities and schooling in the community.

So far as daytime care of children is concerned, some of the recommendations are:

a. That there be developed an opportunity for the governing boards and staffs of day care centers to discuss their common interests and problems.

b. That the plan used by one of the non-sectarian day care centers serve as a pattern for others.

c. That there be discussions with persons responsible for governing the day care centers operating under sectarian auspices, with a view to strengthen the

services and to arrange for case work service for the children.

d. That day care centers be licensed by the state.

e. That a further study be made to determine how adequately the present day care centers meet the need.

The report shows that consideration needs to be given to the establishment of two new services.

1. A Study Home which would provide a sound basis for determining the needs and necessary plans for children who are seriously disturbed mentally.

2. Group homes for adolescents. It is suggested that one for girls and one for boys be established at an early date.

III. Recreation, Informal Education, and Group Work

Modern urban community life is such that many activities which used to be centered in the home are now provided by community organizations such as the schools, churches, playgrounds, clubs, and parks. Opportunities for play, recreation, and group experience must be provided for all children, youth, and adults. The way in which these activities are carried on, and the people who direct them, are of great importance to the parents and citizens of Milwaukee County. In this county many organizations, publicly and privately supported, offer such services. Each of these has the responsibility for conducting its program with the aim of developing qualities of good citizenship, the promotion of neighborliness and civic responsibility, and for providing each participant the fullest measure of self-development as an individual.

It is recognized that the primary responsibility of the publicly supported agency is to provide a background of facilities, qualified leadership, and services on a community-wide basis. The Department of Municipal Recreation, Park Commission, Libraries, and Museum, are examples of broad, community-wide service groups.

It is also recognized that the primary responsibility of the private agency is to develop, against the background of the publicly supported agencies, the specialized programs of voluntary group associations found in activities of the Y's, Scouts, Boys' Club, neighborhood, and sectarian centers.

Both the public and private programs are supported by the community dollar. Finances, regardless of source, must be effectively distributed to cover all areas of the county in accordance with known needs. To accomplish this, all agencies must coordinate their work, using a central channel for cooperative planning. Coordination of recreation, informal education, and group work programs in Milwaukee County, is perhaps their greatest need today.

Six types of programs exist. They are found in the Department of Municipal Recreation and Adult Education in Milwaukee City, the public recreation programs of municipalities outside the city, the private agencies, the County Park Commission, the camps, and in other organizations like the Natatoria, Police Youth Aid Bureau, Libraries, Museum, and 4-H Clubs.

A. Department of Municipal Recreation and Adult Education, City of Milwaukee, School Board

This program is the larget organized recreational activity in the county. Milwaukee's public recreation program has national and international renown as both a pioneer and leader in the field. In 1947 an attendance of 4,827,296 was recorded. Its expenses that year totaled $826,524.

Established under Wisconsin laws of 1911, the activities of public recreation are under the jurisdiction of the Board of School Directors. Funds are provided by designated city revenue separate from the educational budget of the School Board.

The work of the Department is in three major areas. First are the social centers. Thirty-eight were operated during the past year and provided grade school, teen-age, and adult activities. Some centers were specifically devoted to neighborhood or community basketball and some to conducting of open game room sessions only. The tendency is to develop centers to serve practically all age groups in the neighborhood. This is sound.

The second area of activity is playground work. Eighty-five neighborhood playgrounds were operated with spring and fall programs. Twenty-two of the grounds are used as ice rinks during the winter. During the summer, playgrounds begin activities in the morning and, in many cases, run until 9:30 p.m. The spring and fall playgrounds open after school hours and some run until 9:00 p.m.

The third phase of work is in activities in the field of athletic programs involving tournaments and leagues and some entertainment features such as dramatics or musical productions.

The activities in these three areas are very extensive. Their operations over a long period of years have been developed through a central plan and administration. This has tended to create a degree of inflexibility in the consideration of specific and special neighborhood needs. The centers occasionally are regarded by patrons as imposed programs; participation by the patrons, especially adults, was not and is not, highly developed.

This danger is recognized by the present staff and it is working on changes in assignments and using staff training to develop greater consciousness of responsibilities for patron participation. Two major problems in the present administrative setup need to be solved:

a. Social center directors need to become more aware of their neighborhoods. They need to conceive their assignment as one of general agent in the community, sensitive to unmet needs for recreation and education, and to broaden definition of these two terms. They then need to make much greater use of other available neighborhood services — both public and private.

b. Supervisory processes need to be revised and improved to achieve the goal of professional development of personnel. According to current job descriptions, the supervisors are too heavily oriented to specific recreational skills and activities. Fortunately, the caliber of staff permits a sounder approach. It has been recommended that the Department add a person to the supervisory staff with training

and experience in the field of social group work and community organization.

A third point requiring attention is relationship between social center directors and school principals. The present plan is not clear enough. It is obvious that understanding and cooperation from principals is essential. Responsibilities between directors and principals should be very clearly defined and district superintendents used in interpreting the function of the social center.

Several other phases of the Department's work require review or strengthening. Restoration of the club program of the centers on an experimental basis with pre-adolescent and young adolescent children, is recommended. Redefinition of the function of athletic activities is needed in order to learn whether youth is involved in too much competitive league and tournament play. The excessive involvement of the Department Director in planning of new services and other details, is administratively unsound. Working relationships with the Welfare Department of the schools need to be reviewed, aimed at establishing procedure to be used by both departments in serving students with whom both deal.

Finally, it is recommended that the planning activities of the Department be related to efforts of other agencies through an established pattern in the Community Welfare Council for over-all planning of extension to leisure-time services.

B. Public Recreation Programs — Municipalities Outside of Milwaukee

Activities of leisure-time programs under auspices of boards of education and other municipal authorities exist in the following governmental units:

1. City of Cudahy
2. City of South Milwaukee
3. Village of Greendale
4. Town of Oak Creek
5. Town of Lake
6. Village of West Milwaukee
7. City of Wauwatosa
8. Town of Greenfield
9. City of West Allis
10. Village of Fox Point
11. Village of Whitefish Bay
12. Village of Shorewood
13. Town of Granville
14. Town of Milwaukee

A review of the programs in these communities showed some to be more highly developed than others. In summary, it can be said that there is great opportunity for community organization and improvement of service, especially where there are very inadequate recreational activities. This is specifically true in Cudahy, and the Towns of Oak Creek, Lake, Greenfield, Granville, and Milwaukee.

It is recommended that local governments, the boards of education, and superintendents of schools be invited to review the need for recreation and informal education, to examine the present programs and future possibilities, and to appraise the financial ability of their communities with regard to recreational programs.

To carry out this recommendation, the Community Welfare Council should be used to help in study and analysis of the problems. The County Park Commission likewise has a responsibility to assist in the establishing of local recreation.

C. Private Group Work Agencies

Milwaukee County is served by eleven group work agencies — Boy Scouts, Boys' Club, Catholic Youth Organization, Neighborhood House (Episcopal City Mission), Girl Scouts, Jewish Community Center, Milwaukee Christian Center, Salvation Army, Urban League, Y.M.C.A. and Y.W.C.A. In addition to the services provided by these agencies, the International Institute, Goodwill Industries, the Junior Red Cross, and the Milwaukee Hearing Society offer specialized group services under voluntary auspice, and the American Youth Hostels operates a branch in Milwaukee.

Private group work agencies offer services of a recreational, informal educational nature which, in many forms, are similar to the leisure-time program operated under tax-supported auspice. The similarity of services offered frequently gives rise to the question of the relative responsibility of the private and public leisure-time agency. It has become common to accept the point of view that widespread need for social services should properly become the responsibility of government; indeed, there has been very noticeable national growth during the past several decades in the size and extent of publicly financed recreational services, not only as reflected in facilities, but also in supervisory personnel.

In the light of this general growth of public service, it is essential to clarify some of the alignments and relative responsibilities between the private group work agencies and the tax-supported program. Actually there are no hard and fast rules, but only some principles which may be useful at the moment. In years to come it is inevitable that some of the present considerations may be modified, but it is a safe prediction that in a democratic society there will always be some private agencies.

The Survey shows that the public program is held in high esteem among the private agency staff and board members, as well as among the general citizenry of Milwaukee County. Yet the role of the private agency remains distinctive and highly important.

It should be pointed out, in the very beginning, that the relative roles of private and public agencies in this field are very much enhanced to the extent that coordinated planning continues to take place. This point cannot be emphasized too strongly in the light of the current practices. Repeated comments have been offered to the effect that, "We do not have sufficiently strong central planning in Milwaukee." Strong central planning involves the problem of unity or integration. No valid attack upon the social conditions of a metropolis can be successful if based upon a compartmentalized approach. At the moment in Milwaukee, central planning amounts to little more than the cooperation of agencies to see that they do not "occupy" each other's territory. The agencies do not sufficiently operate as integral parts of a total organization, nor as connected and related segments of the whole.

In the face of earlier Milwaukee practices to restrict the operations of the private agencies, there is no doubt that their future depends upon their capacity for joint action — not for the preservation of the private agencies as such, but for the preservation of sound methods of attack on the many issues which need the combined efforts of public and private agencies alike. For the private group work agencies, this means utilizing the existing channels for coordination; namely, the Group Work Division of the Community

Welfare Council, for purposes of looking at the totality of Milwaukee's need. The success of joint planning is based upon the acceptance by the agencies of the fact that **they** constitute the Council.

The private agency's role and responsibility for the provision of group work and recreational services is indicated in a number of ways:

1. The voluntary agency offers opportunity to socially conscious citizens to discharge their human obligations by means of financial support and voluntary service in those directions which they see as being necessary for the solution of some of the specific social issues.

2. Even the strongest of public agencies need the supplementation of private agencies in areas or kinds of special need. The most effective public service still does not please everybody. The private agency provides necessary opportunity for tempering influences and control.

3. Traditionally, private agencies have assumed responsibility for experimentation and demonstration in the development of service ultimately leading to public acceptance and public support. While experiment and demonstration should naturally be a concern of the public agency, it is frequently limited by statute or otherwise in the extent to which this may be done. A strong supportive role is indicated here for the private agency. Not only should the private agency initiate research, experiment, and demonstration, but it should also serve as a resource to the public agency and the community at large in carrying on the above roles.

4. The private agency is the only instrumentality for bringing services to special interest groups. For a variety of reasons, there are always particular religious, geographic, economic, age, sex, racial, ideological or nationality groupings in need of intensive and specifically directed services. As an agency interested in total societal welfare, the private agency will be exceedingly conscious of the dangers of sectionalism or factionalism and will, therefore, intentionally direct efforts, not only at amelioration of problems in the particular groupings, but also at the enhancement of integrative efforts of a total society.

5. The private agency makes available services on a basis that allows freedom of choice, not only in matters of program emphasis, but also in matters of auspice. The inherent values of small group participation for individual guidance and for democratic experience are well known. While such groups are frequently conducted under public recreation programs, the private agency finds this an important area of supplementation.

6. The private agency carries a particular responsibility in helping individuals and groups of people who are having difficulty in establishing satisfying social relationships. Frequently, persons who are pre-delinquent and who show other symptoms of emotional disturbance find considerable help in the intensive services of the private agency. Some of these persons occasionally require referral to psychiatric and case work services and sometimes respond very favorably to "protected" group experience which can be legitimately provided by the private agency.

Usually the public recreation program is filled to capacity by those who want its services. Yet there are many persons who for one reason or another do not seek group activities and opportunities for this kind of socialization. The public agency infrequently is in a position to concern itself with the so-called "unclubbable." If so, the private agency should make specific attempts to conduct research and investigation of this particular problem.

7. The private agency has a particular obligation with reference to problems of neighborhood organization as such. Certain types of agencies are more suited than others for this particular responsibility since it requires concentration of service in defined geographic areas.

8. There may be some tendency for the public, having accepted public recreation to the extent of paying the bill, to shrug off further responsibility. Frequently, this means that the private agency has responsibility for stimulating social consciousness through development of voluntary leadership and committee service.

The above considerations apply to some of the concerns entering into the planning process for the private agencies. To reinforce the development of their services, several additional provisions may be taken into account.

1. Care should be taken to avoid duplication of services which may be rendered more effectively by the public agencies. This refers specifically to large scale athletic or recreational programs and the provision of facilities for conducting them. In some cases it may be necessary for the private agency to provide both facilities and staff for such services, but they should be transferred to the public auspice as early as possible.

2. The private agency should not attempt to justify duplicate services on the basis of superior quality of leadership. It should rather devote its energies to the methods of bringing about an improvement in the public services if there is actual justification for such.

3. While not needing to consider its existence as temporary, the private agency may frequently view at least a part of its service as temporary, avoiding the development of "vested interests." Historically, the private agency has been a forerunner in demonstrating the need for gymnasia, natatoria, health clinics, kindergartens, and other needed services which have subsequently been provided under public auspice. Private agencies have in the past, and must continue in the future, to always view the potentials in their own services as related to possible future growth in the public services.

Recommendations

It is recommended that:

1. The private agencies intensify their efforts at coordinated central planning in cooperation with the public agencies and with each other. The agencies, public and private, actually **do** constitute the Community Welfare Council. Agencies should be represented by board members and executives, as well as by staff.

2. The total Community Chest appropriation for the private group work agencies be increased. For detail, refer to general report and the reports for specific agencies.

3. A comprehensive plan for the renewal of facilities be undertaken. With one exception the facilities used by the private group work agencies are old and inadequate for a modern program of service. It is recognized that some plans are already under way for the renewal of facilities. It is also recognized that not all facilities can be renewed at once; hence the suggestion that an over-all plan be considered.

4. Several studies be undertaken with the cooperation of the Group Work Division, and the Research Department of the Community Welfare Council. These studies should be

planned now to be completed when the 1950 census figures are available:

a. A constituency survey, to show the unduplicated number of persons served by each agency and by all, as related to age, sex, and place of residence.

b. An index of social need, showing areas in need of service, and establishing priorities for the provision of appropriate programs.

5. Expansion of services by any agency be reviewed and revised or approved **after** a study has been made by an appropriate subcommittee of the central planning body. Agencies' requests for additional Chest appropriation should be contingent upon such action. Requests for such studies should be made by the agencies well in advance of the budget hearings. The study committees should have representation from the Research Department, the Group Work Division, and the Social Planning Committee of the Community Welfare Council, as well as from the general public.

6. Immediate steps be taken to provide greater services for the three broad geographic areas immediately surrounding the downtown business district, to the north, west, and south. It is recognized that the needs of these areas have been under consideration for some time. Sevices have been found to be inadequate and there has been some question as to the division of responsibility among the agencies for providing greater service.

The responsibility for the provision of such services falls primarily upon those agencies operating, by intent and designation, neighborhood building centered programs. In general these agencies are more adequately equipped to serve the less favored communities. Neighborhood non-building centered services in these communities should operate in conjunction with the building centered agencies who should provide facilities and sponsorship.

7. More emphasis be given to services to the family as a unit. At present, services on the basis of age and sex groupings are out of proportion to the services rendered to neighborhood and family groups.

8. The total amount of work done with small friendship groups and the services for women and girls, especially in the lower income sections of the population, be increased.

9. Programs of community organization as relating to the needs for service in the various communities of the county be developed. The initiative in the formation of district and area councils should be taken by the private group work agencies, although continuing leadership will have to be provided through the central planning body. Organization efforts of the neighborhood building centered agencies should be increased and should be specifically related to broader community organization programs.

10. The private agencies give increasing recognition to the fact that Milwaukee is developing a metropolitan atmosphere. A growing city, with a growing number of suburbs and a shift of population away from the central business district, calls for a decentralization of program and the development of branch operations. Decentralized operations need not be restricted to any one type of private group work agency.

11. The private agencies assume some initiative for the establishment of social group work services for emotionally disturbed children. While such services should not be established under the auspice of any of the agencies included in this report, the agencies do find among their membership certain individuals who are in need of more intensive treatment. In some of these cases referral to case work services may be the first step; in others there is a need for treatment in a psychiatric setting which should include provisions for the use of social group work in helping the individual establish more satisfying social relationships.

12. The attention and services devoted to the promotion of better interracial relationships be increased and strengthened. Immediate priority should be given to a consideration of expansion of services available to Negroes on a nonsegregated basis.

13. Personnel policies of the group work agencies become an item for discussion in the Group Work Division of the Community Welfare Council with a view to establishing consistency and unity. This is especially necessary for the establishment of sound standards of budgeting.

14. The present efforts to maintain high standards of education and experience, as well as other qualifications in the selection of personnel, be maintained. A concerted effort should be made to secure personnel with full professional equipment which will meet the standards of the University of Wisconsin for the supervision of graduate students in training for group work.

15. The present plans for the development of services for the aged be carefully studied and plans projected for the increase of service necessitated by the growing number of people in the "golden age" bracket.

D. County Park Commission

The Survey is concerned with the operations of the Milwaukee County Park Commission because of the leisure-time program opportunities therein. The Commission deals with several other areas of work outside the scope of Survey responsibilities, and no study has been made of these except in reference to their relationship to recreation.

Study of the recreation program in the park system can only be made when two other factors are considered. First is the resolution of the County Board of Supervisors, dated July 1, 1948, officially requesting the Park Commission to meet with the Milwaukee School Board, and with private charitable and civic groups, in order to develop "a well integrated and coordinated program for the use of public facilities . . . in the promotion and supervision of recreational activities."

Second is the question of division of responsibilities among organizations serving the leisure-time needs of the people of Milwaukee County. This incorporates the point of the Board of Supervisors' resolution and brings into focus the three areas which have been surveyed separately; namely, (1) recreation under boards of education and/or municipal authorities; (2) the voluntarily supported services like scouting, Y's, neighborhood houses; and (3) the county park programs.

The Survey staff who studied the three separate areas, believes it essential to have a statement of General Principles on Division of Responsibilities. They follow:

1. The leisure-time needs of boys, girls, men, and women of Milwaukee County require the programs of the public and voluntarily supported agencies in this field.

2. The extensive needs to be served call for division of responsibilities to form a basis of unduplicated and directed effort.

3. It is practical to divide responsibilities between all organizations in this field. Specifically, branches of government engaged in the work

should coordinate their programs through division of responsibilities.

4. The plan of coordination should bring about central county planning of leisure-time services through agreements defining the responsibilities for the county and those of the various local units of governmental operations (municipal and school).

5. Agreements should recognize the following divisions:

a. Leisure-time service requirements of the population of the county are vast and need programs on many fronts.

b. The county, as the broadest governmental unit, has three distinct areas of competency:

(1) Development of parks, parkways, and play areas for all sections of the county area.

(2) Assisting local units of government to demonstrate programs of recreation suitable for their constituency. Such programs should emphasize standards of modern recreation.

(3) Fullest utilization of existing parks by making facilities available for informal recreation, and equipping the Recreation Division to coordinate all programs.

c. Local units of government within the county are best suited to conduct leisure-time activities for people in a local area. This will require them to have:

(1) Direction by an administration which meets standards and is able to devote time to the work.

(2) Alertness to leisure-time needs of all ages in the population.

(3) Educationally sound programs using personnel trained in modern practices.

(4) A plan of citizen participation in formulation and evaluation of the local program.

6. The division of responsibility between governmental agencies can be established today. It means:

a. The county should continue its program of land acquisition to provide the areas required by the total population.

b. The county needs to relate its available facilities to a practical plan of program planning and operations. This requires centralization of all organized leisure-time services in its Division of Recreation by giving it direct authority for use of facilities and personnel.

c. The county should continue and expand its planning of land acquisitions in cooperation with similar efforts of local governmental units. This will make possible the use of grounds and buildings for many purposes, as well as provide unduplicated community leisure-time resources.

d. Through the recreation division of the county, efforts should be directed to assisting local governmental units establish and carry on their own programs. Demonstration can be undertaken by the county under condition that the local unit is participating with the ultimate goal of assuming full responsibility. Since school districts are the major group concerned in any demonstration, the office of the County Superintendent of Schools should be involved for the liaison it can establish.

e. Neighborhood playgrounds and community centers to which persons come because of walking proximity, are a responsibility of local government. The county should not operate any programs which exclusively concern a local unit except as demonstrations.

f. Programs which are county-wide, should be carried out by the Recreation Division of the county. Local units should not operate mass activities such as league and tournament play, festivals, and musical affairs county-wide in interest and value.

7. The County and City of Milwaukee have established a sound plan of coordination in their respective efforts at land acquisition for park and playground usage. The County Park Commission and the School Board of the City of Milwaukee need to immediately develop stated policies to cover the programs and operations of these areas, and any acquired in the future. These policies should be guided by the principles stated above. Stated agreements made at the policy level, are required to guide the recreation departments operated by both. The experience of defining working relationships within Milwaukee will serve to guide the county in developing similar policies with other governmental units.

8. The role of the private agency in offering leisure-time services remains distinctive. Its effectiveness is enhanced through full coordination and correlation between public and private agencies.

a. Private agencies can effectively supplement work of public groups in areas of great need.

b. Experimentation and demonstration, in keeping with a planned effort for the total community, is a particular role which the private agency can discharge. Public agencies should experiment within their limitations on setting up new services, but should call upon private agencies for the flexibility they possess in experimentation beyond that which public agencies can efficiently do.

c. Private agencies should serve special interest groups existing because of religious or racial cohesiveness. The efforts should be directed toward bringing such groups into relationship with the total community.

d. The desire of persons for free choice in leisure activities, particularly in small groups where intimate experiences are valuable to the individual's growth, gives the private agency a distinguishing role. Such services are required in metropolitan Milwaukee County.

The stated General Principles give the basic recommendations regarding the role of recreation in the county's park system. Findings substantiating these conclusions follow:

The Park Commission responsibilities are extensive:

1. Reservation and acquisition of lands for public use.

2. Survey, map, and make plans for a comprehensive county park system, including a county system of streets, roads, and boulevards.

3. Plan for the protection from pollution of streams, lakes, pools, and the banks thereof.

4. Develop reforestation of tracts of land for public use, conservation of flooded areas, and preservation of places of natural beauty, and historical and scientific interest.

5. Act as zoning authority for areas outside the limits of incorporated villages and cities.

6. Plot lands in accordance with zoning regulations.

7. House veterans of World War II in temporary shelters.

Park and parkway areas in the county system totaled 5,846.38 acres on December 31, 1948. These grounds,

the facilities, and the activities they offer, make up the recreational program of the Park Commission. Eighty-two units are among them. These vary in size from one-fourth of an acre in a neighborhood park to 634 acres in Whitnall Park and 864 acres in the Root River Parkway.

Facilities vary greatly. They go from small, undeveloped, grass covered plots, to "swimming only" at Big Bay and on to a complete program such as is found at Brown Deer, where baseball, bicycling, bridle path, boating, card room, coasting, dancing, cooking, football, golf, hiking, horseshoe, ice skating, indoor recreation, nature study, picnicking, skiing, table tennis, and tobogganing, are offered.

In consideration of the variety of responsibilities in the Park Commission, and the range in recreational resources, study was made of the Commission's policies, administrative procedures, and departmental organization. The period 1935 to 1949 was reviewed, using minutes, reports, and financial statements of the Commission.

Findings

1. Policies on recreation have been slow to evolve and appear to be fragmentary and opportunistic.

2. A clearly stated assignment for the Recreation Division is lacking. This is required. It must be done in relation to the best practices for both the organized and the informal recreational opportunities in the park system. It requires recognition of other responsibilities of the Park Commission as well as for an administrative arrangement most practical for the total program. It must be related to other leisure-time services in the county.

3. Administrative procedures require all recreational programming to go to the Commission through the Superintendent of Parks, and the Executive Secretary. A standing Commission Committee is used by the Recreation Director as a means of direct reporting.

4. The Recreation Division does not direct all phases of recreation operated in the parks. Tennis, swimming, boating, and golf are examples of activities supervised by individual park supervisors as part of their over-all work. Supervisors are responsible to the Parks' Superintendent and their cooperation with the Recreation Director comes through sanction of the Superintendent's office. These specific recreational activities are separately budgeted and have no relationship to the Recreation Division's budget or control.

5. Matters of maintenance and design of new areas for recreational work are not the responsibility of the Recreation Division. They are operated by separate divisions. An established pattern of cooperation in which the Recreation Division's interests are recognized, is lacking.

6. The many programs and the requirement of Commission approval on administrative detail, make for unwieldy practices in which recreation is practically lost from sight. The details for construction and maintenance of parks and parkways, their building, landscaping, and paving requirements all flow through the Commission and are many and time-consuming. The same is true regarding work of the zoological gardens, horticulture, forestry, nurseries, arboretum, conservatory, and refectory programs. When added to the Commission's work on zoning, stream and lake pollution, plus land acquisition, the volume becomes tremendous.

7. The finding is inescapable that the Recreation Division does not occupy a sound position in the park system. The dividing of responsibilities between the Recreation Division and individual Park Supervisors does not allow for efficient planning and effective coordination. Absence of a defined and stated relationship to the Planning Department, is unsound. Unavailability of maintenance personnel directly controlled by the Recreation Division, is a hindrance to its work.

8. Administrative practices indicate that the Commission is following a general policy of accepting responsibility for informal recreation to whatever extent it can be developed by individual supervisors in management of all park details.

9. The civil service requirements for the supervisor's position, the in-service training program conducted, and the wide variety of responsibilities faced in daily work, lead to the conclusion that supervisors have neither the time nor the training to conduct modern indoor and outdoor recreational programs.

10. The analysis of policies, procedures, and organization of the Park Commission's recreational work shows that the principal emphasis is on acquisition of parks and parkways needed to complete the forward pointing master plan for encircling the county with a green belt usable largely for informal recreation. It must be interpreted to mean that other organizations, school boards, municipal authorities, private agencies, etc., have the primary responsibility for organized recreation, as well as for whatever informal recreation they are now carrying for their local areas or defined clientele. Therefore, any effort of the County Park Commission in the field of organized recreation must be meshed with the specific services of existing organizations.

11. The existing resources of the park system can be used to greater advantage through the Commission's recognition of two specific tasks its Recreation Division can perform. One is to provide specialized programs. Day camping and nature lore are two programs for which the park system is eminently suited. Instruction in tennis, water activities, and ice skating, can make these activities more fully enjoyable and satisfying pursuits of leisure time.

The second is for the Commission to set its Recreation Division to work assisting governmental units in undeveloped sections of the county to establish recreational activities for persons within their areas. A park area or local school grounds can be used. The role of the Recreation Division must be that of carrying out a demonstration, having an agreed-upon date for the local authority to assume full responsibility.

12. The final interpretation is that the Commission needs to do its present job of recreational planning and operations with a more efficient internal arrangement. A rearrangement of assignments, enabling the Recreation Division to deal directly with activities, maintenance, and planning for all phases of recreational work, is essential.

These findings are developed in the role assigned to the Park Commission by the statement of General Principles on division of responsibilities between county, city, and private agencies in leisure-time services. One further observation is offered. All leisure-time service agencies need to establish more effective channels for regular cooperative planning. The Community Welfare Council must take leadership in making its Group Work Division that channel.

It is recommended that the role of the Park Commission in recreation should be to:

1. Emphasize informal recreation after establishing the Recreation Di-

vision on a sounder administrative basis.

2. Use park resources for specialized activities like nature instruction under direction of the Recreation Division.

3. Assist undeveloped areas in establishing recreational programs through local governments, these to be demonstrations with established terminal points for county participation.

4. Develop policies and agreements with local authorities through which available local park recreational facilities are used by them and county-wide activities are taken over by the Commission.

E. Camping

The camping facilities available to residents of Milwaukee County include primarily the organized resident camps operated by Milwaukee social agencies. There are several day camping programs and some short-term camping facilities in addition to which private camps are used by some Milwaukee people.

The camping services provided by the Milwaukee agencies through resident camps will accommodate approximately 1,200 campers at one given time. Very few of the camps visited have been able to observe a fixed rated capacity. The camps are primarily for boys and girls between the ages of nine and seventeen and the fees approximate an average of $2.50 per day per camper. The camps are operated on a self-sustaining basis as much as possible. Camper subsidy is sometimes available through the agency itself or its Chest appropriation, and through the Camp Selection and Placement Committee. This Committee operates within the Community Welfare Council and receives some funds directly from the Community Chest.

The camps are, on the whole, well equipped and well staffed, although a few operate on very small tracts of ground in relation to their capacity. In general the camps are equipped and staffed to serve the so-called average camper. Individuals needing special help in adjustment are accepted at several camps in very small numbers.

In most instances the camps meet sanitary and health standards of the American Camping Association. Physical examinations, health service, sewage, garbage, rubbish disposal, refrigeration, water supply, safety precautions and other factors in health, sanitation, and safety are in general above minimum requirements.

Program planning and execution vary considerably from camp to camp. The general objectives of character and citizen development are sought for in many ways through supervised educational and recreational activities. Water front activities occupy a prominent place in the type of activity offered, with athletics and handicrafts also being heavily used. Archery, rifle, dramatics, woodcraft, and hiking are frequently used.

Greater variations exist in philosophy underlying program development. These range from fairly fixed program outlines to almost complete flexibility in camper planning and participation. From the staff point of view, experience and maturity are represented in the directors and section, or unit, heads. The majority of counselors come from college student ranks and have limited experience. Some camps are setting objectives in the direction of securing a greater proportion of older, more experienced staff, even in the counselor ranks.

A limited number of winterized facilities are available at present and there is movement toward increases. Agencies see this as an especially desirable adjunct to their year-round programs with groups.

This Summary has only briefly described the resident camping services. The detailed camping report will include data for the 1949 season. The recommendations should be considered on the basis of present data.

It is recommended that:

1. An increase in resident camping facilities be projected under public auspice but available for operation by private agencies and especially aimed at low-cost camping. The possibilities of subsequent public operation should be explored for the future.

2. A broad approach to low-cost camping be considered, including in some cases greater Community Chest support of camps, and in others, individual camper subsidy.

3. Camping opportunities for girls be more nearly equal to the opportunities for boys.

4. More opportunities for family camping be developed.

5. More opportunities for emotionally disturbed children be developed.

6. Increased facilities for Negro children be made available.

7. The Camp Selection and Placement Committee of the Council transfer its function to a regular camping agency.

F. Other Organizations

Natatoria of the City of Milwaukee. — The interest of the Survey in the natatoria is based on the potential recreational resource their swimming pools offer. Swimming pools are important assets to a community plan of recreation and education.

The future value of the natatoria lies in the possibility of their becoming part of the public recreation program of the city. Their affiliation with the Department of Municipal Recreation will add a needed new program feature for the Department, as well as provide a tie-up with a clientele which will use the swimming facilities. The operation of the Department under the school system means that the natatoria can be opened to public schools for water activities during hours when the general public does not use the facility. The working relationship which the Department of Municipal Recreation has with voluntary agencies like Red Cross, Boy Scouts, Girl Scouts, and neighborhood centers, will bring an additional group of persons to the natatoria.

Natatoria are currently operated by the Bureau of Bridges and Public Buildings of Milwaukee. In the face of declining attendance, the increased cost per bather which reached an all-time high of 31.5 cents in 1948, the report of the City Budget Supervisor under date of May 8, 1949, calling attention to the experience of declining use of the natatoria, and the common sense factor of their belonging under jurisdiction of the recognized recreation planning and operating resource, early transfer of the natatoria to the Department of Municipal Recreation, is recommended.

Milwaukee Police Department Youth Aid Bureau. — The Youth Aid Bureau of the Department of Police, City of Milwaukee, was established on February 4, 1946. Its purpose is stated to " . . . eliminate . . . conditions conducive to the development of juvenile delinquency and crime and to encourage activities designed to provide wholesome environment and activities . . . "

In describing how it will work, Chief of Police Polcyn indicated that

the Bureau should " . . . assist fully and cooperate wholeheartedly . . . with the existing and established agencies dealing in youth welfare." Further, it " . . . stands ready to aid and work harmoniously with these organizations, not to usurp, overlap, or substitute their function."

From the viewpoint of social welfare, the work of the Bureau touches three phases of services involved in the Survey. They are the Juvenile Court, the voluntary case work agencies like Family Service and Travelers Aid, and the leisure-time services exemplified by the Department of Municipal Recreation and voluntary group work agencies, such as neighborhood houses, Y's, and Scouts.

The work of the Bureau with the Juvenile Court is on sound footing. The procedures used leave cases with the Court which it is equipped to handle and make the Bureau a source used by policemen throughout the city for juvenile offenders.

For cases not involving the Juvenile Court, and which should be the concern of the case work agencies in the community (Family Service, Catholic Welfare, Children's Service, Lutheran Welfare, etc.), no definite procedures have been developed. The Bureau becomes involved in treatment for which it is not equipped and which consumes too much of its effort.

In operating the Police Athletic League (PAL), the Bureau engages in two forms of recreation. One, for which the police gymnasium is used, is designed to meet the needs of individual boys. The other, while aimed at individuals known to the Bureau, has become an open, city-wide baseball league. Ninety teams have been enrolled for the 1949 season. The Survey questions whether the latter type of athletic planning is a responsibility of the Bureau. It belongs in the Department of Municipal Recreation.

The leisure-time programming of Boy Scout troops in district station houses under volunteer policemen, and in accordance with Scouting standards, is a commendable activity. More efforts of this type should be planned, involving resources of neighborhood houses, Y's, etc.

Recommendations

It is recommended that:

1. Case work agencies and the Bureau develop better referral techniques. This can be done through discussions in the Case Work Division of the Community Welfare Council. It is further recommended that one of the case working agencies consider loaning the Bureau a professional worker to experiment in developing a screening procedure by using the Social Service Exchange, and in cooperating with other case work agencies.

2. The Bureau undertake discussions with the Department of Municipal Recreation regarding the responsibility involved in the Bureau's operation of a city-wide, open baseball league under PAL sponsorship. The principle should be maintained of the responsibility for city-wide recreational programming belonging to the Department of Municipal Recreation.

It is also recommended that discussions be held among the Bureau, the Department of Municipal Recreation, and the voluntary group work agencies regarding the responsibility of the leisure-time service groups for more activity with social clubs indentified by the Bureau.

Both phases of this recommendation should be channeled through the Group Work Division of the Community Welfare Council.

Milwaukee Public Library — The library of the City of Milwaukee is operated as a branch of government. It is governed by a board consisting of nine persons — three aldermen and four citizens appointed by the Mayor, and two members of the school board.

The library operates seventeen branches, many of which are in inadequate rented quarters. Circulation of books in 1948, was approximately five per capita of population. This is reported to be better than the national average. Expenditures are rated as adequate by national standards.

The library works closely with school systems, both within the City of Milwaukee and in areas of the county where no libraries exist. It would like to enlarge services of book clubs, hobby forums, film and record circulation, and a program for shut-ins.

The greatest need of the library is for accessibility to the public through properly housed branches as well as a central building.

Milwaukee Public Museum — The museum is another branch of the City of Milwaukee government, and is governed by a board chosen in the same manner as the library board. Sharing a large building with the library, the museum offers many programs contributing to the education and recreation of all ages in the population.

An active program is carried on with the parochial and public schools. The museum acts as the visual aid service for the schools, using a collection of slides, film strips, specimens, and motion pictures. Special activities for school children are carried on, with emphasis on Saturday programs. The museum estimates that 40 percent of its services go to school age children.

Adult activities consist largely of visitation to the many attractive displays, use of films, and attendance at free public lectures, many of which have turn-away crowds.

The museum, while financed by the City of Milwaukee, is used by residents of the entire county. Renewal of discussion aimed toward making the museum a responsibility of the county government, is recommended.

4-H Clubs — In the year 1948 there were 24 4-H Clubs in Milwaukee waukee County with 570 enrolled members, 310 girls and 260 boys, ranging in age from twelve to twenty.

The Club program is directed by the Assistant County Agricultural Agent. The expenses of the program come from State and Federal resources, with the county furnishing quarters and supplies.

The 4-H Clubs are found in the northwestern, west central, and southern sections of the county. One is located in West Allis. Practically all groups meet in rural schools.

The program is in keeping with the national 4-H plan of projects around interest of rural life. Cattle, crops, livestock, weed control, dairy work, gardens, orchards, wild flowers, handicrafts, soil conservation, clothing, and food preservation are some of the projects around which youth interests are captured.

The 4-H program is a valuable asset to total youth services. Its program skills, as well as problems of heavy drop-outs among members, need to be related to the experiences of other organizations serving youth. Active participation in the Group Work Division of the Community Welfare Council is recommended.

IV. Special Services

A. Veterans' Services

When the findings and recommendations on Veterans' Services were discussed with the Technical Committee, on which were representatives of practically all of the agencies providing special services for veterans, there was disagreement with the report. At the time this Summary is written, no letters have been received from the agencies studied. Even so, their opposition to the recommendations was clearly stated in discussions and in statements published in the daily papers.

The recommendations of the Survey are not mandatory, but are the sincere opinion of the staff. In the future discussions to reach an agreement, there should be an effort to distinguish between the services which should be available to veterans as veterans, and those which are needed by them and also by other citizens of the community. The other main question to be settled is, "What agency or agencies in the community are best equipped to perform the special services for veterans in the most economical and efficient manner?" The entire report should be read by those interested. It is available at the Survey office and also at the office of the Community Welfare Council.

The following paragraphs give a digest of the report and the recommendation.

The veterans are an important segment of any community. During time of war their service in the armed forces interrupted their efforts to establish economic security for themselves and their families. Therefore, they are entitled to special consideration on their return to civilian life, in the form of programs designed to enable them to "catch up" on lost time. This country has been very generous in this regard.

The program of the Veterans Administration, in its various facets, contains almost every conceivable method of helping the veteran reestablish himself into his community. The program is impressive, and its success has been attested to by the majority of those who have studied it, including veterans' organizations. An evaluation of the Veterans Administration program has not been included in this Survey. Over and above that program, there is still the need for private groups to operate, to assist the veteran. There are gaps, even in a program as seemingly all-inclusive as that described above. Private veterans' groups are required to press for the filling of these gaps.

There are three major private organizations giving service to veterans. Two, the Veterans' Service Exchange and the Veterans Information and Referral Center, are Community Chest supported. The third is the Red Cross.

From the point of view of simplicity and efficiency, it would seem that the whole operation of the Veterans' Service Exchange is a duplication of the work of the Red Cross. However, as representatives of the veterans' groups have been quick to point out, this is to consider the problem theoretically only, and not realistically. The fact is that there are many veterans who consider the Red Cross in much the same way as they do the Veterans Administration, as at least a semi-official body, and they would prefer to have their claims processed by an organization dealing with veterans only, because it might be more interested in the veteran's side of the story. Moreover, these spokesmen assert, organizations such as the American Legion, the V.F.W., and the D.A.V., and others, are reluctant to give up the service of representing the veterans at the Veterans Administration. Therefore, even if Chest funds were withdrawn from the Exchange, these organizations would continue to operate, probably less efficiently, and large numbers of veterans would go to them rather than to the Red Cross. This, of course, is merely to accept a situation by refusing to do anything about it; in fact, it is contributing to its perpetuation. Veterans' organization representatives, however, counter that it is not a bad situation; that while it may be duplication of services, it is necessary and desirable; that there should be a choice offered veterans as to who should represent them.

In review, it would seem that the Exchange is duplicating work already handled by the Red Cross which, while not a Community Chest member, is a community sponsored organization, operating with contributed funds. It would appear, too, that it is actually better equipped to handle all problems of veterans, whereas the Exchange is limited largely to gathering of data preliminary to presentation of claims. However, the fact that all the other major veterans' groups are cooperating in the use of the Exchange is indication that there is a demand for its services. The situation in Milwaukee as far as duplication of services is concerned, appears to be better than in some other cities where there is not even cooperation between the major organizations to the extent that exists in the operation of the Veterans' Service Exchange. Therefore, there would seem to be justification for temporarily continuing the operation of the Exchange, principally for the purpose of the preliminary work in the handling of claims. Its informational and referral services, of course, cannot be closed down completely, as any organization operates an information and referral service to a certain extent, but this is an area where specially trained personnel is required, and it should be left to specialized organizations.

The Veterans Information and Referral Center is essentially what its name implies. At one point it was handling a great number of questions on matters such as state bonus, terminal leave pay, G.I. Insurance, and the like. Recently, however, the demands on its services have been more in the nature of civilian problems: unemployment, relief, housing, legal aid. This lends weight to those who argue for a civilian community information and referral center, not restricted to veterans, along the lines established in other cities. This involves more than a mechanical set-up conveying information alone. It entails some personnel with training in social work. Whether there is a need for such a center in Milwaukee, considering the expenses involved, is a matter for special study. Here we can record only the belief that if an information and referral center is to be maintained by community funds at all, it should be an all-inclusive one, and not directed to veterans alone. In fairness to the present management of the Center, it may be said that they are in complete accord

with the view that there is a need for a community-wide center, but take the stand that if one is not set up, then at least there should be one for veterans. At present specialized referral service is given veterans by the Information and Referral Center, the Veterans' Service Exchange, the County Service Office, and the American Red Cross.

In summary, it may be said that the veterans of Milwaukee are receiving fine service from the official agencies, and that the veterans' organizations which operate in the community are also rendering conscientious and sincere service to their members. Praise is due those who operate the two privately supported central agencies. They are sincerely interested in helping the veterans who come to them for assistance with their problems. The recommendations embodied in this report are not to be construed as a criticism of their work. The question involved concerns their relationship to each other and also to other services. We believe that our recommendations will not deprive the veterans of any services now being rendered but will provide them in a more efficient and economical manner.

Recommendations

It is recommended that:

1. The Community Chest for another year continue to support the Veterans' Service Exchange. Theoretically, only one such agency is justified, and the Red Cross is in a position to do a more inclusive and better integrated job. Even so, the Exchange is serving a useful function in coordinating the work of the veterans' organizations to the extent that it does, and should therefore be continued until all arrangements have been made to take over the services. The Exchange should limit itself to its claims service to veterans. Veterans with simple claims should be sent directly to the Veterans Administration. It is suggested that at least three members be added to the Board of Directors to represent the general interests of the community. The plan should be to have the work of the Service Exchange taken over by the Red Cross.

2. With regard to the Veterans Information and Referral Center, in view of the fact that the trend in requests for information is toward matters less identifiable as veterans' problems as distinguished from community-wide problems, that community funds be withdrawn unless the agency be reorganized to become a community-wide agency, with a representative board, and trained staff to act as an information and referral center on all matters which concern social and health agencies. If this expansion is not carried out, the Information and Referral Center should be closed and the Community Welfare Council should expand its referral service to include all matters relating to the civilian problems of veterans, and the Red Cross should be the information and referral center for the war connected problems of veterans.

B. Court Services

The purpose of this section of the Survey is to determine the type and quality of services in connection with legal proceedings to persons in Milwaukee County who are involved in problems of domestic difficulty and child care; to determine, especially whether these services are adequate, and to what extent they are geared together so that all services needed by any one family can be given smoothly without overlapping or gaps. This type of study has not been included in similar surveys made in other cities. It was included here because Milwaukee County has a sufficiently adequate program of court services to make such a survey possible and the subject is an important one in total community planning. It is the firm belief of this staff that the use of legal procedures in solving problems of domestic difficulty and child care require both free legal services to indigent clients and social services to supplement court action.

The use of social services in connection with legal procedures is relatively new and the interrelationships between the two types of services are still in a formative state. In general, case work services in this connection are utilized in three different ways:

1. To help the client decide how to handle his problem, including the decision as to whether or not to resort to court action.

2. To gather information which will assist the court in making a decision especially with respect to questions such as the custody of children, which the law leaves to the discretion of the trial courts.

3. To help the client adjust to the changes in his way of life which follow as a consequence of court action or to the responsibilities which the law requires him to meet.

The second function described above is the one most generally thought of in connection with social services in the courts. It is not, however, the only one, nor necessarily the most important.

Nine agencies were covered:

1. The Juvenile Court (now the children's Court)
2. The Office of the Corporation Counsel
3. The Office of the Clerk of the Civil Court — in connection with illegitimacy proceedings
4. The District Attorney's Office and
5. The Adult Probation Department — insofar as they deal with family or child care problems
6. The Adoption Division of the County Court
7. The Office of Divorce Counsel and Court Commissioner
8. The Department of Domestic Conciliation
9. The Legal Aid Society

The first eight agencies are all part of the public offices dealing with the administration of the law, and will be handled together in this Summary.

The Legal Aid Society is a private agency. It was included in this section of the Survey since its services are primarily legal and impinge, to a certain extent, on the work of the public law administration agencies.

Each of the courts in Milwaukee County, six in number, has jurisdiction over some phases of domestic and child care problems. The Circuit Court has general original jurisdiction and, therefore, has jurisdiction over all cases (with the possible exception of adoptions), the jurisdiction of the other courts being concurrent. However, the practice is to use the other courts for all cases which come, respectively, within their jurisdiction.

The complete report at this point describes the present practice of each court and of the Legal Aid Society. The conclusion is reached that the work of the various court services interlocks and that any one family might be involved with several of the courts and court services either successively or simultaneously.

The Legal Aid Society has excellent relationship with the various courts and court services. Even so, its amount of work is well below the national average for case loads in a legal aid society. It hesitates to make itself better known until it has a larger budget and more adequate quarters. A description of the work of the different services is in the main report, which is available at the Survey office and also at the Community Welfare Council.

In this Summary it seems best to give the gaps and discrepancies in community planning, and make certain recommendations relating thereto.

Gaps and Discrepancies

Central Intake. — First and foremost is the lack of some sort of over-all coordination of the work of the various courts and public agencies dealing with problems of domestic difficulty and child care. Ideally, one would hope that all these family and child care problems could be brought under the jurisdiction of one court. Failing that, it would seem that there should be some sort of central intake office to which clients would apply before initiating any legal procedure in these sorts of cases.

A central intake office would imply that such office must, necessarily, be detached from at least some of the courts and agencies through which proceedings might eventually be initiated, since at present, family and child care problems are distributed through six courts and eight court service agencies. On the other hand, there are real values in the present system of separate social service units attached to the courts they serve. There is an apparent conflict between having a central intake and specialized social service units attached to the various courts. This apparent conflict is resolved if we go back to the analysis of the functions of social services in connection with legal proceedings, namely:

1. To help the client decide how to handle his problem, including the decision as to whether or not to resort to court action.

2. To gather information which will assist the court in making a decision, especially with respect to questions such as the custody of children, which the law leaves to the discretion of the trial court.

3. To help the client adjust to the changes in his way of life, which follow as a consequence of court action, or to the responsibilities which the law requires him to meet.

The first of these three functions could be placed in a central intake service, while the second and third functions could be carried by the specialized units attached to the courts they serve. There would be difficulties, of course, in working out such a system, since it would involve the voluntary cooperation of many different agencies. It is a problem in community planning.

Lack of Rapport Between the Private Social Agencies and the Court Services. — Most of the court service staffs seemed to be unaware of the kind of help their clients might get from private agencies. They think of social work, apparently, in terms of financial assistance, material services, or supervision, rather than in terms of helping clients toward a healthier and happier way of life. The staffs of other court services are well aware of the potentialities of case work services as given in private agencies, but seem to feel that the private agencies are not responsive to referrals by them. Most of the workers in the court services in both groups indicated a desire for closer relationships with the private agencies along the lines of participating in community planning, in group discussions of mutual problems, in mutual interpretation of each other's functions and limitations, etc.

Main Conclusions and Recommendations

Specific recommendations regarding the court services studied are not given in this Summary. They have been sent to the services and to the Community Welfare Council.

Problems in Community Planning

1. **Court Services — Private Agency Relationships.** — The Community Welfare Council should assume responsibility for bringing the court service agencies and the private agencies closer together through joint participation in community planning, case conferences, and discussions of mutual problems.

(Comment: Although special services are mentioned in the two following recommendations, they relate to general policy and planning for the various services.)

2. **Evaluation of Applications to the District Attorney's Office in Cases of Domestic Difficulty or Child Care.** — Consideration should be given by the District Attorney and other agencies concerned with family welfare to the problem of intake procedures in the District Attorney's Office, with a view of minimizing the use of criminal prosecutions in family and child care problems. The possibility of using the Department of Domestic Conciliation in this respect should be taken into consideration. Thought should be given to the advisability of having the intake interview take place in some location other than the District Attorney's Office.

3. **Analysis of the Functions of the Department of Domestic Conciliation.** — The functions of the Department of Domestic Conciliation should be re-evaluated in the very near future. If all the functions as defined by statute are considered valid, then efforts should be made to increase the staff of that department to such a size that all the functions can be fulfilled. At the same time efforts should be made to build up the use of the department by the other court services so that the Department of Domestic Conciliation as now defined can function effectively. If, on re-evaluation, some of the functions as defined by statute should be considered as inappropriate, then the statute should be amended.

Ultimate Goals

Bearing in mind the people of Milwaukee County who look to legal procedures as a possible solution of their difficulties in the area of family and child care problems, the ultimate goal would seem to be a central intake service for all applications. This could function in conjunction with separate social service units servicing the various courts. If, at some time in the future, one court should assume jurisdiction over all legal procedures in family and child care cases, the intake service and the separate court service units could be combined into one general court service agency.

In conclusion, it should be said that the integrity and sincerity exhibited by all the public servants in Milwaukee County is impressive. These suggestions and recommendations are not made in any spirit of criticism but are offered with the hope of strengthening and perfecting

work which is already done well. All the agencies studied were most helpful, not only in submitting factual material, but in helping the reviewer to see through to the basic problems involved, and in analyzing possible ways of improving service.

C. Services to the Aged

Planning for the needs of the aging population is becoming one of the major concerns of health and welfare services. Two reasons for the problem can be advanced. First, more persons are living longer, and second, the public has accepted responsibility for meeting the needs of individuals described as aged.

In 1940 Milwaukee County had 46,251 persons, or 6 percent of its population 65 years of age and over. The forecast for 1950 is more than 62,000, or 7.8 percent. For 1960 it is 87,000, or 10.8 percent. By 1980 it is estimated that persons 65 years of age and over will total more than 119,000, or 14.3 percent of the total population.

The aged live in urban centers. 37,448 of the 46,251 in the county resided in the City of Milwaukee in 1940. There are more aged women than men. Only 19 percent of the aged were reported to be in the labor force in 1940. Even at the peak of war employment nationally, 68 percent of the aged remained outside the labor market. The economic security needs of the aged present a challenge to industry to provide work opportunities designed to utilize the skills which aged possess, while safeguarding health. While greater employment will help to a degree, existing opportunities for saving and longevity after retirement lead to the conclusion that the community must organize programs to provide income for a large percent of the aged retired workers and their families.

The leading causes of death today are diseases characteristic of maturity. The health of the aged has become of major concern since 54.4 percent were reported to be chronically ill or invalid in 1940. This means that over 25,000 aged were requiring bedside care. Hospitals are not the answer due to reasons of high cost, the importance of retaining hospital beds for emergency purposes, and the need to realize that the chronically ill and invalid can best be served in their own homes or in a similar environment.

The major programs for the aged in Milwaukee County and estimates of numbers served show the following:

Program	Monthly Count of Numbers Served
PUBLIC SERVICES	
Financial Help & Social Service	
Old Age Assistance	8,908
Blind Assistance	123
Old Age and Survivors' Insurance	10,831
Institutions	
County Infirmary	1,143
PRIVATE	
Non-Institutional Social Services	
St. Vincent De Paul	50
Jewish Family and Children's Service	22
Family Service	70
Institutional — Non-Profit	
19 Social Service Homes	1,138
Institutional — Profit	
37 Commercial Nursing Homes	577
PUBLIC AND PRIVATE	
Recreation	
13 Golden Age Clubs	457

Several significant trends come from study of the facts behind this tabulation. One is that tax-supported agencies are giving the bulk of services. A second is that most services are incomplete in themselves, except for some of the institutional programs. The pattern appears to be a smattering of a lot of efforts, with few sufficient in themselves.

The average monthly grant for Old Age Assistance was $43.33 per case. With some workers carrying case loads of 400, it is understandable why clients of the assistance program are appealing to private case work services for attention to their individual problems. This is a service which should be supplied by a professionally competent staff administering the assistance program.

Old Age and Survivors' Insurance provides funds from a federal pension plan financed through contributions by workers and their employers. No means test is involved; payment is earned through a plan of insurance. The average monthly payment of $23.54 necessitates supplementation from other agencies and resources.

A third conclusion is that the role of institutional services requires reevaluation. There are marked variations found among institutional programs, ranging from homes which are busy centers with residents demonstrating purposeful living, to homes which seem to offer clean surroundings where residents apathetically await their passing. There is the question of obsolete plants, built on the traditional dormitory style and requiring considerable expenditures to maintain and modernize. The wisdom of more traditional institution-type buildings is questioned in light of the numbers of aged, their needs, and demonstrations elsewhere of more meaningful services in the individual's own home or through a communal living plan. This is a problem requiring attention from leaders of private philanthropy.

The relationship between voluntary supported homes and the private services regarding use of case work skills in selection of residents, the apparent inability of homes to refer persons they turn away to other social services, and the responsibility which privately supported philanthropy has to experiment with new ways to meet the needs of the much larger numbers of aged than now served, is a fourth conclusion drawn from study of findings behind the tabulation.

A fifth set of facts stems from findings showing that the commercial nursing homes play an important role in serving the aged. The need for uniform county-wide standards of health and safety, the responsibility for bringing operators together to achieve better services (with fees ranging from $60.00 to upward of $250.00 per month) are only two phases of commercial home services needing coordination. They offer a challenge to which those responsible for over-all social planning must give attention.

Recreation for the aged in the general community is offered to 457 men and women sixty years and over, through thirteen clubs. The program is of immeasurable value and deserves fullest support. It should be enlarged so as to include several times the numbers currently enrolled. Happy people, particularly when aged and idle, are not sick people. Opportunities for neighborliness, friendly associations, and congenial companionship, wherein fun is had by all in an environment away from home, which is "theirs" for a few hours, means so much to aged persons.

Recreation costs for the aged are small in comparison to other services.

Its positive values makes this sixth form of community effort a most valuable investment.

Recommendations

It is recommended that:

1. The Central Agency for the Chronically Ill, through channels of the Community Welfare Council, give immediate attention to services required by aged whose needs for medical care can best be met at home.

2. The Central Agency for the Chronically Ill act as the coordinating resource for improving services in nursing homes.

3. The citizenry of Milwaukee County support efforts to liberalize the Old Age and Survivors' Insurance program in order to bring about more nearly adequate retirement benefits.

4. The two county departments serving the aged, together with the private agencies experienced in providing homemaker service, proceed immediately to offer such a service in accordance with recommendations appearing in the Homemaker Service division report of the Survey.

5. The Community Welfare Council establish a plan to bring together representatives of the private, nonprofit homes for aged, in order to evaluate their programs and to stimulate more activities for the individual residents of homes.

6. Both public and private agencies undertake programs calling for joint efforts between case work, medical, and institutional resources. The object is to provide needed services to aged remaining in their own homes or being housed in something other than the traditional institution for the aged. A Milwaukee version of the Montifiore plan of New York should be developed.

7. More clubs offering varied recreational programs for aged be established by public and private agencies throughout the entire county.

D. The Welfare of Negroes and The Urban League

In discussing this division of the Survey under the title given, a particular purpose is intended. Negroes are citizens of the total community. Their need of health and welfare services is common to those of others. "The American Way" stands for the practice of equality for all races, religions, and creeds.

It is not intended to discuss the broad question of civil rights for citizenry of color. However, it is necessary to view welfare services within the framework of existing community patterns. A survey of welfare programs must be cognizant of distinguishing barriers which affect whole segments of the population.

Several welfare agencies which serve the Negro population almost exclusively are located in what is generally described as the Sixth Ward. Others give considerable service to that area as part of their county or city-wide effort. Some organizations, dealing with promoting understanding in the total community, are especially concerned with securing equality of opportunity for Negroes. A partial list would include the Mayor's Commission on Human Rights, the National Association for the Advancement of Colored People (N.A.A.C.P.), City of Milwaukee, Department of Municipal Recreation, the County Park Commission, the Young Men's Christian Association, (Y.M.C.A.), the Housing Authority, the Young Women's Christian Association, (Y.W.C.A.), Ministerial Association, and a number of agencies offering relief and social services (The Department of Public Welfare, Family Service, etc.)

The organizations in the first group; namely, those giving almost their entire services to Negroes, are of two types. First are those established for **operation** of direct client services with headquarters, staff, budgets, and boards of directors. The Urban League and Y.W.C.A. are examples. The distinguishing factor of the second type is their emphasis on **promoting** equal welfare services for Negroes. The Mayor's Commission on Human Relations and the N.A.A.C.P. illustrate this group. Both kinds of approaches are essential. They are not mutually exclusive. Their difference lies in method of work; an operating agency like the Urban League uses one set of tools, and a promotional association, like the Mayor's Commission, uses another.

Population Trends

The concentration of Negro population is within the City of Milwaukee. Table 20 shows the increases over the years:

TABLE 20

CITY OF MILWAUKEE'S NEGRO POPULATION

Source: City of Milwaukee Health Department — Division of Vital Statistics

Year	Negro	Total City	Percent Negro of Total
1900 ..	862	285,315	.30
1910 ..	980	373,857	.26
1920 ..	2,229	457,147	.49
1930 ..	7,501	578,249	1.30
1935 ..	8,161	583,000	1.40
1940 ..	8,821	587,472	1.50
1942 ..	9,000	600,000	1.50
1944 ..	10,000	602,000	1.66
1946 ..	10,540	620,000	1.70
1948 ..	14,500	627,000	2.31

The concentration of Negro population is another significant fact. In 1946 it was reported that three-fourths of Milwaukee's Negroes lived in the area of a little less than one-half square mile, which is bounded by West Brown, West Juneau, North Third, and North Twelfth Streets.[1] The concentration of Negroes within an area of less than one-half square mile has brought with it the inevitable crowding, resulting in many and diverse welfare problems. These problems are accentuated when so many of the inmigrants come unfamiliar with responsibilities of urban living because of their limited rural experiences.

Without attempting to evaluate the factors involved, recognition must be given to the importance of prompt and specific attention to the welfare needs of the Negro residents of Milwaukee.

In the main report comments are made about the services being rendered by various agencies and there is also discussion about the educational and promotional activities of other agencies. Special attention is called to the Urban League because it is both an operational agency and an educational and promotional one. The League has high ideals and a broad scope of work. There are some ways in which consideration should be given to strengthening its work. Because of its importance to the welfare of Negroes in the community, the recommendations relating to it are given first.

Recommendations

It is recommended that:

1. **The Urban League** strengthen both its board and staff aiming to make the agency a more dynamic force.

[1] **Milwaukee's Negro Community,** Citizens' Governmental Research Bureau, March, 1946. P. 1.

Required are:

a. Practice of rotation in board membership, clearer bylaws and staff-board relationships in accordance with today's concepts of lay policy making and staff administrative responsibilities.

b. Centralization of board records at the League office. These were not available at time of study.

c. Inclusion among board members, community leaders able to contribute to specific areas of agency program.

d. Redirection of the League program, giving major emphasis to promoting and conducting activities essential to fullest employment for Negroes.

e. Re-emphasis on the program aimed at adjustment of new arrivals in the community. Education in all aspects of urban living responsibilities and privileges is needed. Required is staff able to apply techniques of using natural groupings based on church, social, and residence loyalties, and the formed groupings, such as neighborhood councils, parent interests, work experiences, etc.

f. Relinquishment of responsibilities for functional recreation. The time is overdue for Lapham Social Center to become the accepted neighborhood recreation center. The Y.M.C.A. and Y.W.C.A. should provide the group work emphasis. The issues which are delaying the solution to a common sense redivision of responsibility between all agencies concerned should be resolved now by the Community Welfare Council.

g. Strengthening of the research work of the League. The specific facts essential to the program require staff service within the organization. Close working relationship with the Research Department of the Community Welfare Council and other sources of fact finding in government and business should be maintained.

h. Freeing the executive from administrative detail. The agency is required to have its administrator continue essential and established work in the general fields of race relations, human rights, housing, and community planning.

2. For the **Y.M.C.A. Northside Branch,** consideration be given to the following:

In its present poor housing, the Y.M.C.A. can only give limited service. The area served requires a more adequate building able to give the specialized group work which Y's have proven themselves able to do. Concentration at using its program and facilities to give the individual boy and man positive satisfaction found in group experiences is recommended for the "Y".

3. For the **Y.W.C.A. Community Center,** consideration be given to the following:

In the event the present quarters are given up, the distinctive work which the Y.W.C.A. offers individual girls and women through group work, should be preserved within the area. Continuation of outpost work in respectable separate quarters, or in a building jointly sponsored by the Y.M.C.A. and Y.W.C.A. is recommended.

4. The operations of the **Mayor's Commission on Human Rights** be more completely stabilized at an early date. The Commission, in its present orientation, is doing a job which the community in general and the welfare of Negroes require.

5. **The City of Milwaukee, Department of Municipal Recreation** redirect the program of Lapham Social Center, making it an accepted recreation center for the residents of the immediate community. Availability of other social centers to Negro residents in all parts of the city should be a continuing practice.

6. **The Public Assistance and Private Social Service Agencies** explore whether the services of the several agencies concerned are as available as they should be to persons who are unfamiliar with the procedures involved in visiting an office outside their district. Flexibility of services should always be sought. While no concrete criticism was encountered, it is recommended to the agencies involved that conference be held on the subject. The Community Welfare Council has the channels for such exploration in which representative leaders of Negro life should be included.

V. Planning, Financing, and Central Services

A. Community Welfare Council

The Community Welfare Council is the top-level agency for coordination of health and welfare services in Milwaukee County. As such, it has the role of serving as the vehicle through which all public and private health and welfare services plan together.

The Council was reorganized under date of December 15, 1948, and is soundly conceived. Three major responsibilities are stated in its purposes. They are: (1) raising funds for the voluntary organizations which appeal to the public for support; (2) promoting social welfare by coordinating the work of all public and private welfare organizations and promoting cooperation and economy in their operations; and (3) advising in the undertaking of new work of existing organizations and in the formation of new agencies.

These responsibilities are not new functions. They have resided, in one form or another, in the organizations preceding the Council ever since the Central Council of Philanthropies was started in 1909.

The work of health and welfare planning and the responsibility for financing the 37 Red Feather agencies of the Chest is not a simple task. Carrying out the many programs and activities involved requires unanimous conviction of their importance. All can benefit if everyone gives of time and thought so that his tax and voluntary dollar contributions for health and welfare services are soundly used and wisely distributed. There must be firm belief on the part of the community's lay leadership that adequate support and economical operations can and must be brought about by a central coordinating body for, and in which they will work.

The principle behind the Council's program is recognition of a partnership between citizens-at-large and agency representatives in health and welfare work. This principle needs to be carried out by providing means for both types of members to work together on every occasion.

Findings and Recommendations

It is recommended that:

1. An additional statement be included in the bylaws giving individual and agency members of the corporation full privileges in social planning programs.

2. The Council strengthen its social planning program in order to adequately serve both the existing and potential requirements of the central health and welfare coordinating agencies.

Successful coordination of health and welfare services can be achieved through enthusiastic support of the Council's program. This requires full accord with principles of planning and teamwork from the boards and staffs of all organizations making up the Council. This means that the Council must be equipped in knowledge and staff to do the job of financing and coordinating the health and welfare services which the citizenry of Milwaukee will understand and respect.

The Council works through eight standing committees. These, and staff assigned to them, are shown on the chart on the following page. The importance of staff competent to give the caliber of work the Council requires, and the need to have enough professional workers so that manageable assignments will result, is paramount. The Council has not had adequate coverage of its specialized areas. Professional workers, able to command and hold the leadership positions essential in the work of coordination of health and welfare services, are required.

Study of operation of the Council's administration brings out several points which require strengthening. One factor deals with corporation procedure. It is recommended that:

3. The occasion of the annual meeting be used to bring to both corporation members and the community-at-large a broader understanding and deeper appreciation of the importance of health and welfare services.

4. The Council use whatever publicity channels it has or can create to inform corporation members of the significant day-to-day development in health and welfare planning.

The realignment of board of directors' work, giving to the board the wider scope of planning total coordination, while giving standing committees, particularly the Chest Agency one, responsibility for decision within general policies, is inherent in the new bylaws. Making such a division of responsibilities work needs to be developed as rapidly as committee operations and staff services will permit.

The physical facilities of the Council need to be improved. More adequate quarters will result in better centralized services and fuller use of clerical personnel.

The public relations and research programs require strengthening. In public relations, efforts on behalf of the annual Chest Campaign are excellent. Year-around publicity regarding all phases of public and private health and welfare services, has hardly been touched. It is recommended that:

5. A minimum of one staff worker, able to give full-time to year-around agency public relations, be added.

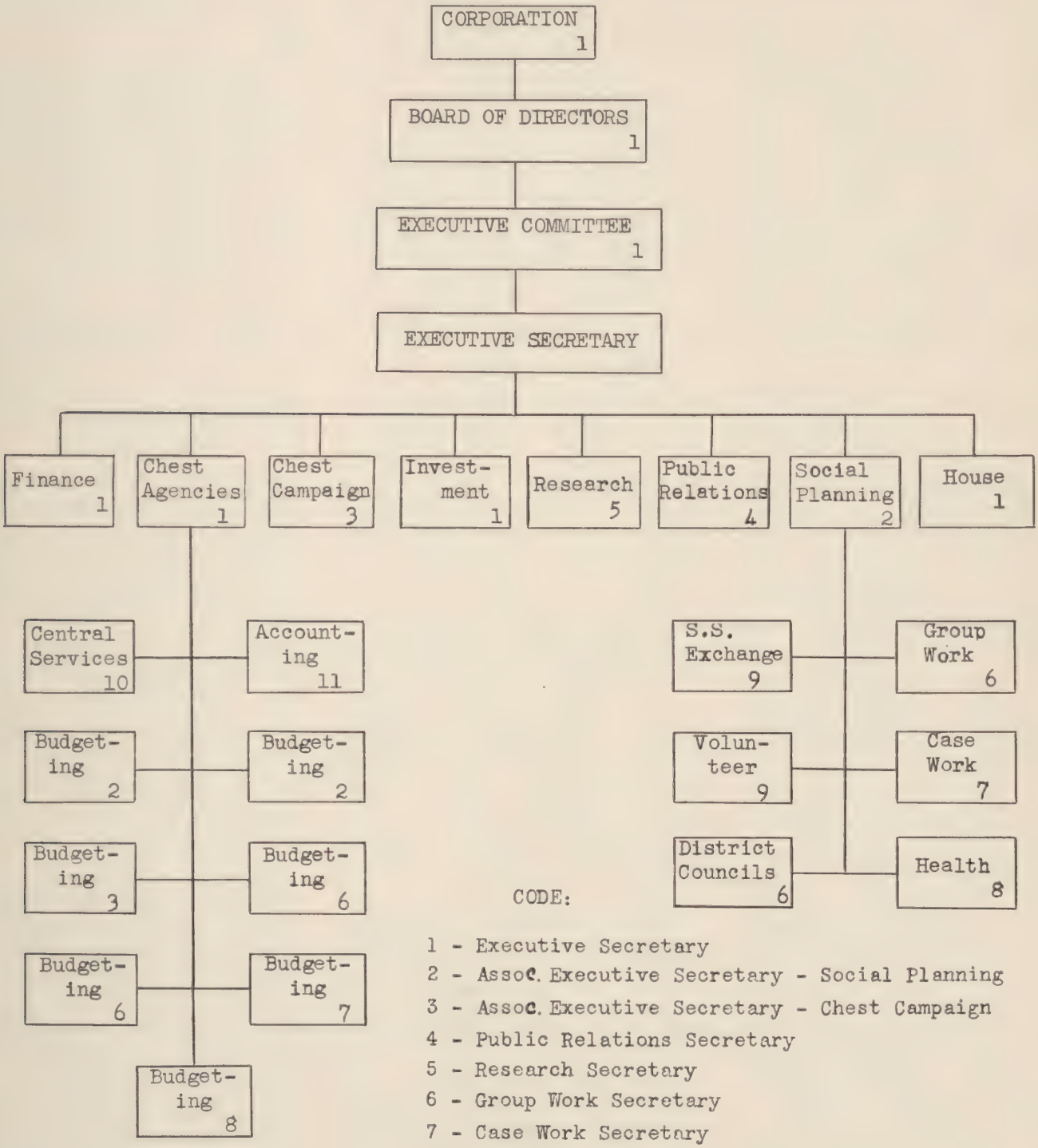
Research is a specific tool invaluable in supplying facts basic to financing, coordination, and cooperation among welfare services. The many operations of the Council — planning in case work, group work, and health fields, budgeting, public relations, etc., require not only these facts but also their meanings which the Council's research program must develop. The current research program, which is properly orientated to Council operations, started in October, 1948 and reached its authorized strength in January, 1949. It should be given the support needed to make it function adequately. Many more studies will be needed in Milwaukee in the future. Instead of other comprehensive ones it is suggested that many specialized studies be made. Their direction should be by special committees appointed by the Social Planning Committee and made up from the Research Committee, other suitable Division Committees, and the general public. The

CHART A

STAFF ASSIGNMENTS

COMMUNITY WELFARE COUNCIL OF MILWAUKEE COUNTY, INC.

December 15, 1948



CODE:

1 - Executive Secretary
2 - Assoc. Executive Secretary - Social Planning
3 - Assoc. Executive Secretary - Chest Campaign
4 - Public Relations Secretary
5 - Research Secretary
6 - Group Work Secretary
7 - Case Work Secretary
8 - Health Secretary
9 - Social Service Exchange and Volunteer Bureau Secretary
10 - Central Services Secretary
11 - Accounting Secretary

staff should be that of the Council, with temporary additions to be determined by the size of the study.

The Chest Agency Committee handles one of the two major areas of Council work. The other is that of the Social Planning Committee. All matters of financing, including annual operating budgets, standards for admittance, special repairs, capital campaigns, personnel classifications, and insurance, are assigned to the Chest Agency Committee for the 37 Red Feather Agencies.

The Committee represents the public which, as the contributor to the Chest, holds the Council accountable for distribution of funds. It maintains a partnership with the boards of management of the member agencies, which speak on behalf of the needs of the clients served by the individual programs as defined by agency staffs.

The job of the Chest Agency Committee is to know "whereof it speaks." Budgets are based on the principle of balancing, in which the Chest supplies the number of dollars needed to make up the difference between other income and total expenditures of the agencies. To know what should go into the total expenditures of an agency requires the committee to be expert, practical, and fully equipped with information and tools.

On a whole, the job of budgeting is well done. Weaknesses have been pointed out in the established policies, the fiscal year, and the budget forms. Attention must be given to areas of responsibility outside review of the annual operating budget, such as special repairs, insurance, and personnel classification. The glaring weakness lies in the lack of recognition that the work of the Chest Agency Committee demands the full time of a professional staff member. It is recommended that:

6. The Council employ a full-time budget secretary to staff the work of the Chest Agency Committee. Recognition should be given to the importance of the work since it will rate department status.

Social planning is the way in which the more than 150 organizations work together to provide services for approximately 850,000 persons in Milwaukee County. In 1946 these services spent about twenty-six million dollars for programs.

These services can be effective only as they are correlated. All agencies, regardless of the source of their dollars, must share in developing and subscribing to a sound community plan.

Social planning is not for the good of an agency in itself. Its principal goal is to be protective of only one thing — the welfare of the community as a whole. It should be the daily business of board members, professional workers, and citizen representatives.

Milwaukee has not had top-level social planning. Agencies have been unwilling to surrender that measure of their prerogative essential for the common good; the Chest-Council has not provided the staff and program required for comprehensive planning; and this form of organization left planning in a disadvantaged position.

The plan of organization in the new Council corrects the structural fault. However, this is not enough. Agencies must contribute to the work of the Council by full participation and action in the division level of Council work. The Council must provide manpower needed to conduct the work of the divisions and services.

The Social Planning Committee is the standing committee of the board charged with blueprinting the work of coordination. It is responsible for studying the health and welfare needs and making plans for and promoting a sound community program of health and welfare services in Milwaukee County. To be in this role, it requires effective division and service programs while freeing itself for attention to the broad issues in a total community welfare program.

The Social Planning Committee has been trying to do both its work and the divisional planning job. As a result, the Committee has been bogged down and divisions have been deprived of responsibilities essential to their growth.

The divisions are the grass roots for health and welfare planning. Common sense requires a breakdown among 150 varied health and welfare services if they are to have a scheme to achieve coordination. The breakdown calls for workable units of planning. The unit is the functional division. Agencies which are allied in purpose can meet on common ground when they plan together in a division which approaches coordination on the basis of similarity of functions. Thus organizations dealing with family problems, like the Department of Public Welfare, Family Service, St. Vincent De Paul, Red Cross, and Wisconsin Service Association, find their use of case work techniques has a sameness which furnishes a sound basis of social planning.

The daily services of 150 agencies bring out health and welfare problems which can be answered through social planning. For instance, what the several agencies dealing with vocational rehabilitation believe to be the answer to a given problem, is the nub of a plan to solve it. Similarly, the agencies which practice case work, are the ones to evaluate whether a new, extended, or contracted case work program is needed. Their opinions, when crystallized in discussion with interested citizens, are valid and expert social planning which the division, Social Planning Committee, and board of directors require in shaping policies.

The ingredients of grass roots planning are full participation from the agencies expert in a given area, the common sense values from interested citizens, and the recognition of the results by those to whom the findings are presented.

Three services are authorized by the Council's bylaws to function under the Social Planning Committee. They are the Social Service Exchange, the Volunteer Bureau, and District Councils. The services do not give direct help to clients. They are common to the needs of many agencies and cut across the lines of functional fields.

The Exchange is the most active of the services. Its work is well accepted and fills an important role as an index in which health and welfare agencies maintain a confidential listing of persons served. There is nothing about the operation of the Exchange which can be regarded as experimental or unessential. In consideration of the value of the Exchange, agencies should be willing to pay for its service. Most large exchanges throughout the country have established plans of charging on a cost basis, which users willingly pay. It is recommended that:

7. The Exchange Advisory Committee explore the subject of charging for services. This should be done without any intent of de-

priving an agency of the use of the service because of inability to pay.

The Volunteer Bureau is emerging from a period of post-war lethargy to take on responsibilities for greater participation by citizens in health and welfare programs. The recommendation for it is that:

8. The present Advisory Committee, augmented by whatever representation deemed necessary to give rounded and progressive thinking, evaluate the Bureau's program to determine (a) whether the purpose is still the same as given in the 1939 policy statement; and (b) on the basis of the policy statement reached, what the program emphasis, staff service, and representation on the advisory committee for the Bureau should be.

The district council program is a dormant one. It is intended to be the Council's effort to study local health and welfare needs in areas outside of the City of Milwaukee, and to plan to meet these needs. As a result of a study summarized in a report to the Social Planning Committee dated June 1, 1948, and after evaluating the need for a full-fledged area planning program, one recommendation and an alternate are made. They are that:

9. The Social Planning Committee provide a full-time staff worker who, under administrative direction, is able to promote and organize councils of citizens' organizations, health, recreation, and welfare agencies, and representative citizens, in one or more districts of the county. (Details for aligning this program with the total planning effort of the Council, are given in the main report.)

or

10. If the plan outlined in the main report is unattainable at this time, the Council table work in the field of district councils until the minimum service of a qualified full-time staff worker can be secured.

A fourth service exists in the Council as a matter of expediency. It is the Information and Referral Bureau. The Bureau came into being as an administrative device aimed at meeting an unpublicized demand from both the public and agencies who want to know to whom they should turn for health and welfare services. They call the Council, which is as it should be.

In spite of a report to the Social Planning Committee by its study group in which agency disbelief in a central referral and information was recorded, the Survey staff is of the opinion that the plan has considerable merit. The experience of the veteran information services, the meaning of information and referral to public relations, and the value of a referral program in testing whether people can get to services when they need them, points to the need to reconsider the subject. It is recommended that:

11. On the basis of the need for an adequate information and referral service, the belief that the veterans' information agency will discontinue its service, and the expectancy that other agencies will respond to the program in light of current developments in the total Council program, a central service be established in the Council for information and referral work. It should be staffed with a full-time worker equipped to meet the public and build a realistic working relationship with all agencies to whom inquiries will be sent.

The responsibility of the Council in the field of social legislation, is on uncertain footing. No authorization or techniques to follow through on legislative matters affecting health and welfare programs, is found in the bylaws. What the Social Planning Committee has been able to do has come through interpretation of existing authority and in reference to specific issues. Proposals require board of directors' approval.

The day has passed when those responsible for social planning can shut their eyes to what goes on in legislative halls. Indeed agencies, voluntary and tax-supported, are becoming more and more involved in what new services are provided and how existing programs are redirected by laws which touch every field of endeavor — recreation, child care, hospitals, aged, disabled, public health, etc.

The Council needs to establish a regular pattern of handling legislation. A committee on social legislation, as part of social planning, should be organized. Corporation members skilled in legislative dealings, as well as representatives of divisions, services, and member organizations, should serve on it. The Committee should have power to act in the name of the Council, getting the approval of the board of directors whenever it is practical to do so before taking public stands.

An evaluation of the staff services reveals that the present staff, by measurement of training and experience, is good. In making replacements or additions, the Council must seek individuals with proven ability and maturity required to discharge the caliber of community organization which the new Council is required to perform.

Such staff does not come cheap; investment in it will pay real dividends to Milwaukee, particularly when its members are provided stimulation through scheduled increments and can perform together over a number of years to come.

The record of expenditures for the central organization — administration, social planning, and campaigns, is appreciably below the national average. Council costs were 9.6 percent of moneys raised in the 1947-48 year. The breakdown is: administration 2.8 percent; social planning 2.6 percent; and campaigns 4.2 percent.

Sixteen comparable communities show total operating costs of 11.3 percent of moneys raised. The 1.7 percent would go a long way in filling the gap in services which the Survey believes the Council must equip itself to give.

The moneys spent are properly accounted for. Rearrangement of the plan of distribution between operations so as to provide means for year-to-year comparisons, have been suggested. Five specific recommendations involved, based on written procedures to be supplied the accounting services, are not repeated here.

More important is the conclusion that the Council can benefit at this point by a minimum investment to approach maximum results. Its framework is good and the major expenditure has been made in providing the existing program. What has been recommended for personnel adds improvements essential to making the main structure modern and more efficient. The Council must choose whether it wishes to go forward or stand still.

The immediate requirements are for a budget secretary, a district council worker, an associate in the Case Work Division, an agency public relations person, and an information and referral worker.

Finally, one statement from the detailed report is worth repeating. "The Community Welfare Council, which came into being on December

15, 1948, offers a new page onto which the citizens of Milwaukee County can make their entries regarding social planning.''

This is the thought worth carrying away. The Survey is convinced of the Council's willingness to do a total job of health and welfare planning. Its leadership, both lay and professional, are prepared to discharge fully the obligations contained in the organization's purpose.

They should be given an opportunity to do so by the people of Milwaukee County who demonstrate belief in sound financing of Red Feather Agency services, as well as coordination among all public and private welfare services, through support of their Community Welfare Council.

B. Community Chest Campaign Methods

The study of Milwaukee's Community Chest campaigns points to the reasonableness for establishing and raising a higher objective. The following steps are recommended to accomplish this:

1. The campaign must attract strong volunteer leadership from the general chairman down. This will in turn produce a larger and better trained campaign personnel.

2. There should be a general reorganization of the campaign as outlined.

3. More easily understood campaign terminology needs to be adopted.

4. Set up and follow a carefully planned campaign time schedule.

5. Make all campaign report meetings interesting. Hold an impressive opening dinner for entire campaign organization and an equally impressive Victory dinner.

6. Increase and extend Community Chest understanding and acceptance by:

   a. Greater use of citizens affiliated with organized labor in the annual campaign and throughout the year in all activities of the Council (planning, budgeting, etc.) and of the Red Feather Services.

   b. Arranging informal discussion meetings by small groups of men representing the 100 largest donors where two cases are considered — ''The Need is Here'' and ''The Money is Here.''

   c. Conducting throughout the year (except during the campaign period) Red Feather Tours for representatives of all employee groups. (The Public Relations Department of the Council is now responsible for many effective educational programs).

7. Organization and use of a Campaign Cabinet by the general chairman.

8. Use of Red Feather Agencies' staff people as campaign secretaries and aids.

C. Milwaukee Jewish Welfare Fund

The close of 1948 marked the end of the first ten years of operation of the Jewish Welfare Fund. The organization was formed after more than two years of discussions in the Jewish community regarding its experiences with multiplicity of drives. The first board of directors met on June 28, 1938 to receive the report of the Jewish Welfare Fund campaign held that spring in which $85,107 was raised against a goal of $75,000.

The purpose of the corporation is stated to include responsibility for coordinating, consolidating, and centralizing the charitable, educational, cultural, and fund raising activities of the Jewish residents of the City and County of Milwaukee. Through this authorization, the Fund has undertaken organization of the community and the development of a central planning body.

Early efforts at planning led to the formation of a committee for services to Jewish refugees, reorganization of the Jewish Council, (the civic protective organization), organization of a bureau of Jewish education, and operation of an army and navy committee during the war years. These efforts resulted in greater concern for the need to further coordinate Jewish social services, and culminated in 1945 in the establishment of the Central Planning Committee of the Welfare Fund.

The Central Planning Committee was organized for the purpose of ''analyzing various community services and agencies to determine the relationships which they bear to each other, the uncovering of unmet needs in the community, planning for the solution of problems, and interpreting agency programs, needs, and objectives, to the general community.''

The establishment of the Central Planning Committee represents a definite effort of the Welfare Fund to assume responsibility for social planning within the Jewish community. It can be regarded as the first formal attempt of the Fund to establish machinery for coordinating local social services in accordance with its stated purpose. The existence of the Committee can also be interpreted to show awareness within the Jewish community of the importance of comprehensive social planning, a function which has been relatively dormant since the Federated Jewish Charities ceased to operate in the thirties.

It is reported that the Federated Jewish Charities became inactive during the economic depression years of the thirties because its fund raising efforts were unsuccessful, did not approach federated financing, and since three of the major services were financed through the Community Chest starting in 1933. The primary interest of the three agencies, Jewish Family and Children's Service, Children's Outing Association, and Jewish Community Center, in community-wide planning through the Council of Social Agencies, also contributed to the ineffectiveness of planning work in the Federated Jewish Charities.

The Central Planning Committee has six affiliated agencies. They are: Children's Outing Association, Mount Sinai Hospital, Jewish Community Center, Jewish Family and Children's Service, and the Jewish Vocational Service. Each agency sends three lay delegates and its professional executive as representatives. Activity is carried on through subcommittees appointed for specific assignments when required. Action is taken by the full planning body and communicated as recommendations to the agencies involved.

Past activity of the Committee includes planning of a scholarship program, recommendations regarding need for nursery services, establishment of responsibility for financial assistance, service to the chronically ill, and currently, an over-all health survey. Projects anticipated include a study of relationships between the case work and vocational agencies, and a review of group work programming needs.

The Central Planning Committee is now engaged in study of its structure and program. Clarification of relationships to the Welfare Fund and the role of the planning agency in effecting the direction of work by individual organizations, are two questions it seeks to answer. The relationship of several other agencies whose work touches on the social services is also to be considered. (i.e.

B'nai B'rith Youth Organization, Jewish Council, Bureau of Jewish Education, Jewish Nursery School, and Hebrew Sheltering Home.)

The current self-study of the Central Planning Committee regarding its function and effectiveness is a timely and sound move. The Jewish community of Milwaukee is reported to total around 30,000 persons. The directory of Jewish organizations for 1948-49 lists 45 women's and 41 men's groups. Many of them undoubtedly do not fall into the scope of a Central Planning Committee. However, it can be safely assumed that many more than six organizations should be affiliated with the centralized planning procedure aimed to provide orderliness and penetrating services.

The extent to which the Welfare Fund subscribes to comprehensive planning, and providing staff for the Central Planning Committee, as well as powers to act, should be clearly indicated as a result of the study program. A service which strives for coordination of efforts among many and diversified programs, needs to have status coming from continuity and year-around planning, as well as the right to act on decisions.

The relationship of the planning program of the Welfare Fund on behalf of the Jewish community, to the over-all health and welfare planning work of the Community Welfare Council, requires clarification. Neither the Jewish Welfare Fund nor the Central Planning Committee is a member of the Community Welfare Council. Integration within a sectarian segment of the community is not in any sense duplication of the coordinating work of the county-wide agency. Organizations can be members of both. However, lack of an established liaison between the Jewish Welfare Fund and the Community Welfare Council is a sign of improper coordination.

The self-study group of the Central Planning Committee, or the Jewish Welfare Fund, should give early attention to establishing a clear channel through which it contributes to the over-all health and welfare planning program under the Community Welfare Council, and through which it gains perspective regarding the broader problems of the total community.

D. City-Wide Financial Campaigns

Milwaukee, like many other cities, has a number of city-wide financial campaigns in addition to the one conducted by the Community Welfare Council for the operating expenses of the 37 agencies which are members of the Chest.

In some of the campaigns for national agencies, the way in which Milwaukee's share was determined has not always been clear.

It is safe to say that the citizens of Milwaukee would like to have fewer campaigns and would like to feel that the amounts asked for by national agencies had been objectively and fairly examined, and approved by a representative group of Milwaukee's leading citizens.

Before considering either of these questions, an attempt was made to list all the city-wide campaigns in 1948. The list follows. It shows the name of the agency, the goal, and the amount obtained. The absolute accuracy of the list can not be guaranteed. Information was obtained from the Community Chest, from newspaper files, and from correspondence with some of the agencies. The information was obtained in April, 1949.

In 1948 the Veterans of Foreign Wars had a goal of $15,000 and the League for Planned Parenthood a goal of $10,000. Information as to amounts raised by these efforts was not obtained. The tabulation shows that in nine instances the goal was not raised. It was reached in nine campaigns. The total deficit of all campaigns was $1,649,673. The largest deficits were in American Overseas Aid, The Jewish Welfare Drive, and the Kiwanis Spastics Campaign. Even though the Jewish Welfare fell short of its goal, it did raise $1,725,515, which was an achievement.

It is believed that if a smaller number of campaigns were held, much less volunteer service would be needed to raise the same amount of money and that fewer campaigns would cost less.

In various other cities and states different methods have been used to reduce the number of campaigns. These have been studied and it is recommended that some changes be adopted in Milwaukee County.

In the first place it is suggested that the Community Welfare Council include the capital needs of the Chest agencies in its regular fall campaign. Before the Welfare Council can adopt any such policy, it must be approved by a large majority, preferably all, of the Chest agency boards.

It is also recommended that the Community Welfare Council take positive steps to add to the number of Chest agencies other agencies in Milwaukee County which meet the membership standards. It is important to emphasize standards, for no poorly controlled agency with inefficient services should benefit from a joint city-wide campaign sponsored by Milwaukee's most interested group of citizens.

If the above recommendation is carried out, it will not cover all the local agencies that conduct city-wide

1948

Agency	Goal	Amount Raised
Infantile Paralysis	$ 100,000	$ 109,000
Wisconsin Heart Association	25,000	650
American Overseas Aid	900,000	207,722
Wis. Assoc. for Disabled	38,000	43,713
Red Cross	598,522	788,520
Catholic Charities	325,000	341,000
Cancer Drive	100,000	103,235
Jewish Welfare	2,500,000	1,725,515
Episcopal City Mission	10,000	11,043
United Negro Colleges	50,000	7,800
Y.M.C.A. World Service	6,250	4,850
Legion Poppy Sale*	17,000	17,000
Community Chest	2,572,821	2,454,603
Boy Scout Capital Campaign*	14,750	14,750
Curative Workshop	75,000	101,975
Boy's Club*	46,465	46,465
Rescue Mission	23,915	15,839
Conquer Arthritis*	500	500
Anti-Tuberculosis	111,876	142,525
Kiwanis Spastics	300,000	35,000
Children's Hosp. Serv. Bldg.	75,000	68,721
High Blood Pressure*	37,500	37,500
Council for Medical Research*	500	500
Y.M.C.A. Membership Campaign	35,000	35,000
TOTALS	$7,963,099	$6,313,426

*The amount of the goal was not obtained so the same figure is put in each column.

campaigns. In all these discussions the adjective "city-wide" is important. Sectarian, racial organizations, and societies that raise money from their own membership or group were not considered.

However, there are some local agencies, mainly in the health field, which have already started or are contemplating starting campaigns to raise money for new buildings, perhaps in different locations from the sites now occupied.

There is no ready-made plan to solve the problems of these campaigns. A plan cannot be worked out overnight. However it is suggested that arrangements be made to call together representatives of the boards of directors of all Milwaukee agencies, not members of the Chest which are well established in the community, and which are known to be contemplating the conduct of capital campaigns, to a conference or series of conferences to see if plans could not be developed to raise the total amount of money agreed upon in one campaign at less cost and much less effort.

The second question relates to national agencies who plan to conduct city-wide campaigns.

Again the importance of "city-wide" should be emphasized. A definition used in a city which has set up a Review Board is as follows:

> Only those projects which include **city-wide** solicitation of funds, whether local, state-wide, or national, will be subject to review by the Board. Appeals for fund-raising campaigns conducted by organizations exclusively within their own membership are not city-wide in character and, therefore, are not subject to review by the Board. Every organized campaign for the purpose of raising funds by general solicitation will come within the scope of review by the Board.

In cities where Review Boards are established the purposes are:

1. To review all applications for city-wide campaigns by health and welfare agencies. They include the Community Chest for review as to its total goal, campaign methods, etc.

2. To obtain from all applicants a full statement as to program and financing and to submit an annual audit.

3. To check applications with local groups, e.g., Better Business Bureau, Association of Commerce, Community Welfare Council, etc., and also with national agencies if the applying agency is a nation-wide one. One of these agencies is the National Information Bureau. The goals of national agencies applying for approval are examined and it is determined whether a proper percentage has been assigned to the local community.

4. To make sure that the services contemplated do not overlap with any existing governmental or non-governmental agency.

5. To determine that this campaign could not be merged with the annual Community Chest campaign, or some other joint campaign.

6. To determine the proper amount to be raised.

After all information has been examined, the campaign goal for a specific amount is approved or the total application disapproved. The date is set when the campaign must be conducted, and public announcement is made of these factors. These Review Boards cannot succeed unless they have the approval and backing of all the important government, industrial, business, and labor groups, civic organizations, and of the leading citizens. If such backing is given, Milwaukee citizens can be more certain that their contributions are going to places where the services desired are being given, and that there will be practically no fraudulent solicitation in the county.

In many places joint campaigns are being conducted for national and state agencies. The establishment of such a campaign should be considered by Milwaukee County citizens.

Recommendations

It is recommended that:

1. The Community Chest obtain information about the capital needs of the Community Chest agencies over the next five years, and that the question of including these capital needs in the regular campaign of the Community Chest be discussed with the agencies. It is the Survey recommendation that they be included.

2. That the Community Chest make efforts to increase its membership, adding agencies which meet the membership standards.

3. That consideration be given to having a joint campaign for the capital needs of well established non-Chest agencies. This would not be a recurrent campaign. Most of the agencies which are planning capital campaigns are hospitals.

4. That consideration be given to establishing an Appeals Review Board to review all applications for city-wide campaigns for health and welfare services.

5. That consideration be given to establishing a joint campaign for all national and state services.

VI. The Health Section . . . General Comments

The task of crystallizing the enormous volume of information collected in so extensive an investigation as is presented in the Health Section of the Survey, covering both the City of Milwaukee and the seventeen separate health jurisdictions outside the city, into a few pages of findings and recommendations is, to say the least, formidable. For a more adequate understanding of the drastically abridged observations herewith presented, as well as the vast store of important supplementary and supporting details which must be omitted, it will be necessary to consult the original texts.

Any comment on the Survey as a whole must be prefaced by the remark that the purpose is not to find fault, but rather to point out what is considered practical in the way of improvements. In approaching this problem, it is conceded that health service in Milwaukee and some of the suburban areas is already well above the average for similar communities elsewhere. All considerations, therefore, proceed from the premise that the citizens of this area and their respective health departments can be satisfied with nothing short of the best obtainable within the practical limitations of their resources.

The health sections of the Survey are grouped under three major headings: (1) Preventive Medicine; (2) Hospitals and other facilities for medical care; and (3) Environmental Sanitation. It should be understood, however, that these classifications are not altogether descriptive of their component subdivisions. Actually any classification that would avoid crossing of lines of demarcation is impossible. For illustration, industrial hygiene involves preventive medicine, public health nursing, and environmental sanitation, but for the purposes of this report is placed under preventive medicine. On the other hand, public health nursing and dental hygiene, which are technically nonmedical, are included under preventive medicine because of their intimate relation thereto. Other items may also seem out of place, but for the sake of simplicity the groupings are held to three, which are believed to be sufficiently accurate to avoid confusion.

The reports are presented from the standpoint of activities rather than locality. Hence, not all that is to be said about a given health agency will be found together in consecutive order. Instead, specific activities which are found throughout the county are discussed under activity groupings which may be regarded as the horizontal versus the vertical approach.

Some sections of the report carry no recommendations because they furnish only background material, or perhaps in some instances because no recommendations are required.

The full texts of the Survey reports may be studied at the Survey office and the Community Welfare Council.

Individual reports with respect to over-all administration and public health nursing in the suburban health departments have been prepared and referred directly to the health agencies concerned, and are not included in the summaries and recommendations which follow.

In all sections which follow, the asterisk (*) is used to indicate priority of recommendation.

VII. Brief History of Health Activities in Milwaukee

The rise and development of public health in the Milwaukee area afford the grounds for much civic pride in progressive thought and realistic action. Early beginnings were made at the expense of much self-sacrifice of time, energy, and money on the part of local physicians fighting against ignorance and prejudice. Though their own knowledge of the causes and prevention of disease was extremely limited, the pioneers in medicine in this area were generally ahead of their times. As early as 1839 Enoch Chase advocated the drainage of swamps to avoid frequent epidemics of "certain fevers." It was not until 1900 that the connection between swamps and "certain fevers" was scientifically established.

Like all other cities of the Atlantic seaboard and the Mississippi Valley, Milwaukee was devastated periodically by cholera, typhus fever, and smallpox. These epidemics gave rise to concerted action in the formation of health boards and establishment of hospitals. The first movement toward the establishment of a county general hospital was in 1855, and the first Board of Health was established in 1867. Milwaukee was admitted to the Registration Area for deaths in 1869, and for births in 1893.

With the rise of modern bacteriology in the latter part of the nineteenth century, Milwaukee was alert to the possibilities of applying the newly acquired knowledge to the prevention of disease and appropriate measures for disease prevention followed in rapid succession. It is from this era that the construction of a modern health program originated. The chronological list of new developments contains many "firsts" in the public health field, but is too lengthy to be reported here.

The excellence of public health administration in recent years in Milwaukee has achieved national recognition, as attested by the fact that since 1930 the Health Department has been awarded four first prizes and two second prizes among cities over 500,000 population in the U. S. Chamber of Commerce contests. Also in 1941, when the numerical grading was replaced by an Honor Roll, Milwaukee was placed on the first Honor Roll.

The foregoing, however, must not be interpreted to mean that there is no room for improvement. While the general aspects of the Milwaukee health program are good, the purpose of this report is to point out ways and means whereby the service may be made better.

VIII. The Over-All Picture . . . Bio-Statistics for the City and County

In the total square mile area of 239 in Milwaukee County, the City area has increased from 15 in 1880 to 48.3 in 1948, whereas the suburban areas have decreased from 224 to 190.7. In 1940 the city population was 587,472, of whom 9,295 were non-white. The county population at the same time was 179,413, of whom 323 were non-white. While showing a fairly large percentage increase, the non-white population is not great enough in comparison with the white population to be statistically significant; hence is not considered separately except for birth and death rates.

As elsewhere in the United States, the population statistics show an increasing concentration in the higher age groups, and after age 25, this concentration exceeds that of the county as a whole, which means that people in the Milwaukee area are more exposed to degenerative diseases associated with advanced age. In 1874, 60 percent of all deaths were under five years of age, and the average length of life in 1880 was 18.1 years. In 1948, 6.3 percent of deaths were under five years, and the average length of life over 65 years.

Birth and death rates are all adjusted as to place of residence. In 1947 the city birth rate was 23.6 and in the county (outside the city) it was 24.0, which in each instance, is the highest recorded up to that time. General death rates for the city and county stood at 10.0 and 9.0 per thousand respectively in 1947. The death rate in Milwaukee in 1940 was 9.9, as compared with 10.8 in the United States as a whole, and from 1.6 to 3.6 lower than four other cities of comparable size — Washington, San Francisco, Buffalo, and New Orleans. Infant death rates in the period 1941-1945 in the Milwaukee area ranged from 17.5 per 1,000 live births in Shorewood to 31.9 in West Allis, as compared with 40.8 in the U. S. Registration Area. The rate for Milwaukee was 30.2.

Eight principal causes of death — heart disease, cancer, nephritis, cerebral hemorrhage, accidents, tuberculosis, pneumonia, and diabetes — are considered. With the exception of tuberculosis and pneumonia, all show persistent increases from 1900 to 1940, with the county rates generally ranging higher than the city rates. In tuberculosis and pneumonia the difference in favor of the city is marked.

Death rates for eight common communicable diseases—syphilis, influenza, diarrhea under two years of age, poliomyelitis, diphtheria, whooping cough, measles, and scarlet fever — are considered, and here the trend is markedly downward in all instances. The rates for the county are consistently higher than those for the city.

Outside the City of Milwaukee the study of trends was seriously handicapped by the lack of adequate local records. In no instance were the desired records obtainable from local sources. All information relative to the suburban areas, therefore, had to be secured from the State Department of Health.

Recommendations

It is recommended that the gathering of vital statistics be centralized into one well-equipped vital statistics agency to collect, preserve, and process them for all communities in the county. Facilities for this purpose already exist in the Milwaukee City Health Department.

IX. Preventive Medicine

A. Public Health Education

Health education, while being the particular responsibility of the trained health educator, is also the responsibility of everyone, lay or professional, who is concerned with the maintenance of health. Forty-four agencies reported health education programs, and statistics furnished by them form the basis of this report.

There are 39 professional persons in Milwaukee County whose sole or major responsibility is reported to be health education. Two of these are technically trained, according to accepted standards, for this duty. One of these is in the City Health Department and one in a voluntary agency. There is none in the school system. According to the standard suggested in Dr. Haven Emerson's report on "Health Units for the Nation," there should be one trained health educator for each 100,000 population, which would mean six for the city and two for the suburban areas. Other authorities generally agree upon the need of a health educator for each 50,000 population. A health educator is also suggested for each voluntary agency large enough to employ more than an executive director.

Seven agencies reported specific budgets for health education, ranging from 2 percent in the City Health Department to 100 percent in a voluntary agency. Although 2 percent is a recognized minimum, 4 to 5 percent is necessary for best results.

There appears to be little uniformity in program planning, and even less coordination. Seventeen agencies reported that they were carrying projects cooperatively with one or more other agencies, although programs are agency rather than community-centered. Many programs are extended to the community but are not of community origin. There are, however, good inter-agency working relationships, which might be made more effective under the

guidance of the Health Education Committee of the Community Welfare Council.

Program content varies with the agency concerned, but the over-all picture is rather comprehensive in scope. All of the well-known media for health education are employed — conferences, lectures, literature, press, radio, posters, charts, and exhibits.

Individual and group conferences, adult education, and the school health program are the avenues of approach.

Extensive consultation service is carried on by the Shorewood Health Department and certain voluntary agencies. Of particular interest is the work of the Dairy Council of Milwaukee, which in 1948 conducted 3,460 conferences with group leaders. In the interest of nutritional studies in the schools, also, the Dairy Council supplied white rats and hamsters to the schools for feeding experiments. These animals were further used for reproduction demonstrations.

In adult education the emphasis is not only upon mass instruction but also upon the training of volunteers who will participate in educational programs. In this connection the work of the Red Cross is of special interest. The Milwaukee Association of Commerce is sponsoring a safety school to instruct foremen in the prevention of industrial accidents. An attendance of 10,500 is recorded during 1949.

In the schools, health education lacks adequate in-service training for teachers. Their efforts, however, are directed toward integration of health education into the daily school routine in the elementary schools. This objective is being accomplished in a commendable manner, but there are no formal graded courses in health education. Special mention is made of the work of the Paul Binner and Gaenslen schools for handicapped children, and the corrective exercise classes for girls at the Rufus King High School.

In the City Health Department the volume of work performed by the two persons concerned with health education seems beyond human capacity, which illustrates the need for more workers in this field.

The Public Library is an important factor as a health education information center, and as a distribution center for visual, as well as other educational material. The elimination of much duplication in this way is highly commendable.

While most organizations supply speakers upon request, a speaker's bureau is maintained by Alcoholics Anonymous, and by the Milwaukee County Medical Society. In 1947 twenty persons from the City Health Department were involved in presenting 2,297 health talks to a total attendance of 98,122.

Recommendations

It is recommended that:

1. In order to give leadership in health education activities, both in the Milwaukee Health Department and in the City of Milwaukee, there be established in the City Health Department a Division of Education. This division should be administered by a director who has satisfactorily completed at least one year of graduate study in public health education at an accredited school of public health, and who has had successful experience as a health educator in a program embracing all of the functions of public health education recommended by the Committee on Professional Education of the American Public Health Association.

This division should act as the focal point for all health education planning in the department. With its guidance and direction, there should be developed in the Health Department, a well-balanced health education program, including all aspects of health education, and geared to the needs of the department and the people it serves. The program should be the result of joint planning on the part of representatives of all units of the department.

The division should be staffed with at least six trained health educators and as many ancillary technical and clerical persons as are needed to make the most effective and efficient use of the professional staff.

The division should be provided with an appropriate budget of not less than 2 percent of the total Health Department budget and additional funds should be made available in the beginning for the purchase of badly needed nonexpendable equipment. The budget should be prepared by the division director, and when approved, administered by him.

The division should be placed in the organizational structure of the department in a position which will facilitate the rendering of services freely to all units of the department.

2. The services of at least two trained health educators be made available to the official health agencies in the county. Some arrangement will have to be worked out on the basis of joint responsibility with each educator serving more than one unit.

3. In order to provide the necessary trained personnel, the City Health Department actively recruit, and through use of grant-in-aid funds, provide approved health education training for persons with suitable qualifications. It is suggested that the services of vocational guidance counselors may be useful in a recruitment program.

4. A person trained in public health education be employed by the Milwaukee school system, the Health Department, or jointly by these agencies, to stimulate the further development of functional health education in the public schools, and that the services of this person be made available to private and parochial schools as requested. Such a person might be responsible for promoting better understanding on the part of all concerned of the services and responsibilities of the representative organizations, through organized in-service education.

5. All organizations and agencies in the City and County of Milwaukee, which have responsibilities for health education, give special consideration to ways in which through joint community planning they can best contribute to the satisfying of the following health education needs:

a. Need for more involvement of people in health education programs. People should be encouraged and given every opportunity to discover their own health problems, and having studied the resources available, to determine the best course of action for the solution of the problems.

b. Need for better coordination of health education at the program-planning and policy-making level, both within agencies and between agencies.

c. Need to reach unorganized persons not now reached through the usual channels, agencies, and organizations; especially industrial groups and the populations of rural and semi-rural areas.

d. Need for developing closer relationships with regard to

health education programs between the home and the school in all school systems.

e. Need for the development of facilities and finances for the pre-service field training of health educators.

f. Need for in-service education of school teachers and administrators in public health.

B. Milwaukee City Health Department

The history of health progress in Milwaukee is such as to reflect much credit upon the city, which has generally been among the first to capitalize upon new developments in the health field. The record appears to be uniform in the fact that the Department has at all times enjoyed capable leadership, with a minimum of political interference. Concrete evidence of the superior quality of the City Health Department is found in the fact that Milwaukee has been repeatedly awarded first place in national health ratings.

The organization of the Department is unique in the fact that there is neither a Board of Health nor an Advisory Health Council. All power and responsibility reside in the Health Commissioner, which is not to the advantage of either the Commissioner or the community.

Personnel standards are high, but more emphasis upon technical training would be profitable.

The organizational structure of the Department is dictated more by the forces available than by planned design. A proposed revision of the organizational structure is set forth in chart B, which calls for eight bureaus as follows:

1. Bureau of Laboratories
2. Bureau of Environmental Sanitation
3. Bureau of Epidemiology
4. Bureau of Child Welfare
5. Bureau of Public Health Nursing
6. Bureau of Medical Services
7. Bureau of Mental Hygiene
8. Bureau of Degenerative Diseases

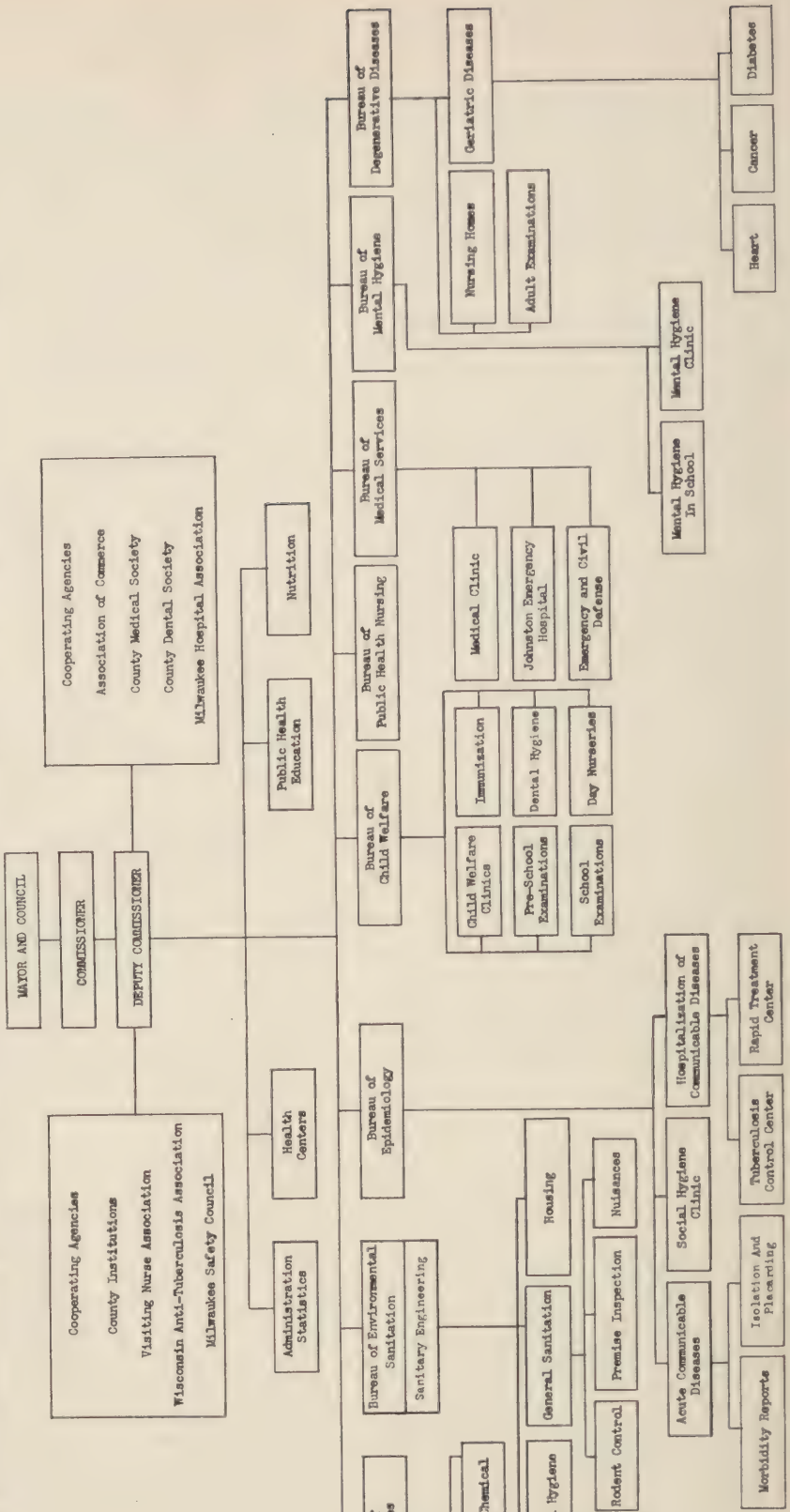
Bureaus No. 7 and No. 8 represent new functions.

Subdivisions of these bureaus are designated as divisions and sections respectively.

The existing organization consists of three bureaus and seven divisions

CHART B

PROPOSED ORGANIZATION CHART FOR CITY HEALTH DEPARTMENT OF MILWAUKEE, WISCONSIN



all reporting directly to the Commissioner. The bureaus differ from the divisions only in size since there is no echelon arrangement.

The proposed breakdown of organization is designed for more flexibility, better facilities for expansion, and more delegation of responsibility and authority. From various sources the impression has been gained that the Commissioner tends to carry too much personal responsibility, rather than distributing it judicially among his subordinates.

Funds for operating the Health Department reflect a high appreciation of the Department by the public. One handicap, however, is in the lack of adequate salaries for key personnel.

Grant-in-aid funds from the Federal government, which are administered by the State Health Department, are allocated to Milwaukee for only venereal disease control and tuberculosis control. Other grants in which the city might share are those for mental hygiene and cancer control. Also, it would be preferable to have these funds furnished in cash rather than in kind.

Recommendations

It is recommended that:

*1. In order to provide a method of citizenship participation in government and also to assist the Commissioner of Health in matters of policy and public relations, an Advisory Council with wide civic representation be established.

2. The qualification specifications for the Commissioner and Deputy Commissioner be more clearly defined in accordance with recognized standards.

3. Much greater emphasis be placed upon technical public health training for all professional personnel, with financial assistance if possible, from the State Health Department, but in the absence of such help in sufficient amount, funds be set up annually in the city appropriation specifically designated for training purposes, including travel, tuition, and a living stipend, for a specified number of trainees.

*4. Salaries for technically trained personnel, and particularly those in charge of bureaus and divisions, be placed at levels sufficiently high as to enable the Commissioner to attract persons of outstanding ability. For this purpose the adherence to the standards promulgated by the American Public Health Association and by the National Organization of Public Health Nursing is urged.

*5. The structural organization of the Department be rearranged in accordance with the proposed organization chart.

6. New bureaus be added to the Department, including Mental Hygiene, Cancer Control, and Geriatrics, for which corresponding positions of bureau chiefs will have to be set up.

7. A competent epidemiologist be employed to head up the work of communicable disease control, and to serve as consultant to other activities when epidemiological service is required.

8. Plans be perfected for the public health aspects of civil defense by drawing upon the resources of the several branches of the Department as may be necessary, but the director of this program should by all means, be a properly trained full-time official.

9. All inspections now conducted by the State Department of Health be delegated to the City Health Department. (See Section on Environmental Sanitation.)

10. There be established in the City Health Department a liaison officer to serve as the link between the official and voluntary health agencies. This official should be selected by joint agreement between the official and voluntary health agencies, and might properly be jointly financed, but should be under the administrative direction of the Commissioner. His duties should be to coordinate the work of the voluntary agencies as they relate to public health.

*11. The City Health Department receive a generous allotment from each of the grant-in-aid funds derived from the Federal government for specialized health activities, and that such funds be turned over to and administered by the City Health Department in accordance with plans and budgets submitted to the State Health Department. The State Health Department should, of course, reserve the right to withdraw such funds in the event of inappropriate or unproductive use of allotted funds.

C. Suburban Health Departments

At this point only the organizational aspects are discussed. Operational programs in the fields of public health nursing and environmental sanitation are covered in the sections devoted to these subjects.

There is no organization on a county-wide basis. Instead, there are 17 separate health jurisdictions, each having a health officer and subordinate personnel. All except one of the health officers are on a part-time basis. Subordinate personnel range from the half-time service of a nurse in the Towns of Franklin and Oak Creek to a group consisting of ten nurses, two inspectors, one part-time physician, and two clerks in West Allis, which is also served by a full-time health officer. Population figures range from 661 in River Hills to 40,826 in West Allis. Next in order is Wauwatosa with 32,779. Eight are between 12,000 and 20,000, and the remainder are below 6,000.

Population is a guiding factor in the determination of the size and character of a health department. The American Public Health Association has decided upon 50,000 as being the minimum population group capable of supporting the **basic minimum** full-time health service. Where a **comprehensive** or **optimal** service is desired a much larger population group is necessary. Due to the fact that laboratory and certain other facilities are obtainable from county and city sources, the population minimum for affording a full time health service may be scaled down somewhat so as to bring West Allis within this range and perhaps eventually Wauwatosa. For the other suburban units, however, the only solution is by combinations of two or more adjacent areas into health districts, or better still, a county wide organization to include all suburban areas. Best of all would be a county-city health department under one central management, with districts comprising populations of 150,000 to 200,000. Authority already exists in the state law for such procedure.

For detailed information there is a report on Suburban Health Departments and 17 other reports on the administration and nursing services of the health departments outside of Milwaukee City.

Recommendations

It is recommended that:

1. In order to secure a reasonable coverage of the basic minimum health services, a population grouping of at least 50,000 should be the basis of calculation.

2. Two of the local municipalities, West Allis and the City of Wauwatosa, are in the population range which might be capable of meeting the demands.
3. In order to secure **optimum** local health services of **comprehensive scope and superior quality** a much larger population grouping is desirable. The lower limits of such a population grouping should be in the range of 100,000 to 150,000.
4. The most successful grouping would be the entire county population under a single county-wide unit, broken down into four or five health districts, each comprising a population of 150,000 to 200,000.

D. Recording and Processing of Vital Statistics

The Vital Statistics Division of the City Health Department carries a dual responsibility. It not only receives, processes, and preserves the records of births, deaths, and marriages in Milwaukee, but plays a major role in public health education. In the latter function, the policy is to make Vital Statistics vital rather than dead records. It is thus a potent factor in the interpretation of records to the public and in the guidance of the entire program of the Department. The records for birth have met the accepted standards for completeness and accuracy since 1869, and for deaths since 1893.

Annually the Division receives, verifies, corrects, and indexes nearly 39,000 birth, death, and marriage certificates. The total of such records has increased from 28,537 in 1941 to 38,576 in 1947. Since 1941 all records have been adjusted as to residence. In the interest of conserving space and making the records more readily accessible, all of the old card index records are being transferred to books where one line takes the place of a card. Microfilming has been tried, but has not proven too satisfactory, due to the difficulties involved in the many instances where corrections are necessary.

A veritable maze of weekly, monthly, and annual reports is routinely prepared and issued by the Division. These, however, are too numerous and complex to outline in the Summary. As a routine also, the Division issues certified copies of birth, death, and marriage records, totaling 16,254 in 1948, as compared with 7,923 in 1940. Likewise in 1948 there were 18,437 file searches, as compared with 14,532 in 1940.

The mechanical equipment of the Division consists of the usual typewriters, adding and calculating machines, and a key punch machine. Sorting, tabulating, and other types of record processing devices are not maintained in the City Health Department, but the Department has access to them in other offices at the City Hall, and these machines are used extensively. They are not, however, utilized as fully as they could and should be, due to the lack of adequate key punch service. Numerous operations now performed by hand could be handled more efficiently and with the saving of valuable time by use of business machines. Other operations which are not done at all, but would materially augment the services of the Division, are subject to the same type of treatment.

The Division keeps abreast of all accepted practices in the handling of Vital Statistics, and an atmosphere of systematic and intelligent planning is inescapable.

Space, especially for the storage of records, is overtaxed at the present time and is becoming progressively more critical. The space occupied by clerical workers is none too generous, and any plans for enlarging the Health Department quarters should contemplate sharing the increase with the Vital Statistics Division.

Recommendations

It is recommended that:

*1. A wider use be made of machine methods for tabulations and other operations to which they are adapted.
*2. In order to accomplish the foregoing, adequate key punch service be made available.
3. More space, especially for the storage of records, be included in any future plans for expansion of office space for the Health Department.
4. The health education work now done by the Vital Statistics Division be transferred to a new division operating directly under the office of the Commissioner and designated as the Division of Public Health Education.

E. Public Health Laboratory Facilities

The tax-supported laboratories in the Milwaukee area are of two types: (1) those rendering routine service to sanitation activities—water, milk, foods, and sewage; and (2) those aiding in the diagnosis of human ailments. The work of each is primarily bacteriological. Both categories also include chemical studies, but only the latter involves serological work.

Sanitation laboratories are maintained by the water purification plant (Milwaukee), the Sewage Commission, the City Health Department (Milwaukee), the County Institutions and certain private laboratories. Diagnostic services are afforded by the Milwaukee Health Department, the West Allis Health Department, and the laboratories of the County Institutions. No virus or rickettsial diagnostic service is available at this time.

Personnel are generally well qualified for their respective duties, and adherence to Standard Methods is fairly uniform, but in some instances outmoded editions of Standard Methods are used as the guide. A vacancy exists in the directorship of the Milwaukee Health Department Laboratory due to insufficient salary to attract the desired talent. Lack of adequate supervision of subordinate laboratory personnel at the County Institutions is noted. For this purpose a trained assistant to the Director is required. A program of monthly staff meetings and other phases of in-service training for workers in the County Institutions, together with a long range plan for advanced technical training for routine workers and refresher courses for key personnel, is advocated.

The quarters at the City Health Department for the bacteriological laboratory are overcrowded, and facilities for laboratory animals are quite inadequate, but the equipment and supplies are ample. While there is no special comment with respect to equipment and supplies at the other laboratories, the inference is that these items are satisfactory.

The volume of work, broken down into the various laboratory procedures is set forth in the report, but the details are not considered appropriate for inclusion in this Summary. Suffice it to say that needs of the community for sanitation and diagnostic laboratory service at public expense, with the exception of virus studies, appear to be reasonably well met.

Recommendations

It is recommended that:

1. The suburban areas be stimulated to make more general use of labora-

tory facilities, and that the laboratories serving these areas make plans accordingly.

2. That the laboratories be equipped with the latest editions of Standard Methods, and that laboratory personnel be currently informed by their respective chiefs, of any changes.

*3. Plans be made for more general use of short refresher courses in the Standard Methods of water, milk, and other examinations. Such courses are offered free at the Environmental Health Center of the U. S. Public Health Service in Cincinnati, Ohio.

*4. Since the space in the City Hall can never be adequate, especially for the bacteriology laboratory, the entire laboratory plant be moved to South View Hospital and combined with the laboratory already there.

5. In addition to the foregoing, there be established at the South View Hospital, a virus laboratory, with provisions not only for serological tests, but also for isolation techniques involving the use of animals and fertile eggs.

6. If, and when the laboratory is moved from the City Hall to South View Hospital, plans be made for added sanitation services, and clinical pathology services for diabetes, cancer, and geriatric diseases.

7. The position of Director of the City Health Department laboratories be filled as soon as the conditions of salary and suitable applicant will permit.

*8. Additional space, which is badly needed, at the central laboratory of the County Hospital be provided, by means of a new wing to the Hospital, rather than a separate building.

9. The central laboratory in the County Hospital prepare culture media, stain solutions, antigens, and reagents for all of its component branches.

*10. The Director of the central laboratory in the County Hospital be furnished with a properly qualified assistant at the earliest opportunity in order to afford close supervision over all laboratory technicians.

11. In the interest of morale and technical improvement, regular monthly staff meetings be instituted.

12. A long-range program for advanced training of technical personnel at the county laboratories be instituted. Much of this might be carried on in the central county laboratory, but for key individuals, refresher courses elsewhere may be necessary.

F. Child Welfare Bureau

The services of the Bureau are extended to infants and pre-school children. Only well children are accepted at the clinics. The Bureau also has direct supervision over day nurseries and conducts the Habit Clinics in conjunction with the Milwaukee County Guidance Clinic.

The Clinic procedures include weighing, measuring, physical examinations, immunizations, and discussion of feeding and behavioristic problems. The popularity of the Welfare Clinics is attested by the fact that in the 34 clinic stations there was an attendance of 57,446 in 1947 as compared with 45,779 in 1946. The new babies registered in 1947 were 8,409, which is a figure 57 percent as great as the total live births for that year. In the pre-school clinics at 191 locations in 1947, 9,648 children were examined, resulting in a classification of 9,246 "good"[1] physical condition, 359 "fair," and 31 "poor."

In the Child Welfare Clinics in 1947 a total of 7,768 children were immunized against diphtheria, of whom 2,210 also received whooping cough vaccine at the same time, and 5,936 were vaccinated against smallpox. In the pre-school clinics 956 were immunized against diphtheria and 1,009 against smallpox. The mobile trailer clinic contributed 1,617 more immunizations against diphtheria, and 2,091 smallpox vaccinations.

The infant death rate of 27.3 per 1,000 live births in 1947 was next to the lowest on record in this area. The maternal death rate of 1.2 per 1,000 live births in the same period is also cause for favorable comment.

Recommendations

It is recommended that:

*1. The Bureau of Child Welfare be expanded to include all services to children, notably the School Health Services, exclusive of sanitation and public health nursing.

*2. Closer supervision be exercised over the standards and methods of examination in the pre-school clinics.

3. In view of the rapidly increasing clinics attendance, and for the sake of maintaining adequate standards, more clinicians be employed.

4. Consideration be given to the employment of full-time career physicians in lieu of part-time clinicians, to do all phases of child welfare work on a district basis. (See School Hygiene report.)

G. School Hygiene

In both the county and the city, school hygiene occupies a position of prominence. In fact, in the suburban areas generally, school hygiene overshadows all other activities. Since this work in the suburban areas consists largely of public health nursing, it will be discussed in that section. Immunization and physical examinations done for school children in the suburban areas are covered in the reports on individual communities.

The Division of School Hygiene, with City Health Department administration of this work, is placed in a bureau which also has charge of communicable disease control. There is a provision for a full-time Director of the Division, but the position has been vacant for some time, due to inadequate salary to attract a director of the proper caliber. The staff for school examinations consists of a part-time director and 29 part-time physicians, two of whom are specialists in eye, ear, nose, and throat work; one half-time dental director, one part-time dental operator, three full-time operators, and five dental hygienists three-fourths time; and one instructor in nutrition.

The type of examinations done by physicians includes morning inspections, partial examinations, and complete examinations. All children in the 5th, 8th, and 10th grades are given complete examinations; likewise, children from other grades who are considered to need immediate attention. In 1947 the record was as follows:

[1]The term "good" means that the child does not have any defect that is not under treatment. It includes children who are in good condition, those whose defects have been corrected, and those who are under treatment. The terminology is not clear to any outsider, and consideration should be given to the use of a different term.

	Morning Insp.	Partial Exams	Complete Exams	Defects Found	Defects Rec'd for Correction
Children Examined ...	15,070	6,612	45,013*	37,313**	5,419

*9,121 were high school children
**1,678 were high school children

Dental examinations are reported in the section on Dental Hygiene.

Special emphasis is placed upon defective vision and hearing. Diagnosis and follow-up in these fields is considered outstanding.

Mental and emotional states are not included in the routine examination conducted by the Health Department.

The volume of work done by school physicians is impressive, considering the fact that the time scheduled in the schools is from 9:30 A.M. to 11:00 A.M. Since their scheduled quota is twelve elementary school children or fifteen high school children, however, the maximum time which could be devoted to each child would be seven and one-half minutes for elementary and six minutes for high school students. Even though assembly line methods are used, examinations within those time allotments must inevitably be exceedingly superficial and unworthy of being rated as "complete," even for the abridged type of examination commonly practiced on school children. Either fewer examinations should be made, or more examiners should be employed, if complete examinations are attempted. Where time is a critical factor, quality of service is most likely to suffer by lack of adequate supervision exercised by properly qualified full-time career workers. Even under favorable time conditions, where so large a number of part-time employees is involved, close supervision is essential.

Correction of physical defects is a major objective. The record for 1947 lists the results of follow-up work done by nurses, indicating that in 10,214 cases with defects, 8,578 corrections were secured, 1,070 "refusals," and 566 "cleared in other ways." The term "correction," however, is not clearly defined. Upon inquiry, it was found that the term may signify that cognizance of the defect has been taken, and that remedial steps have been taken, or that "something is being done about it," though actual correction may never be accomplished.

Immunization is a joint effort between the Child Welfare Division and the Bureau of School Hygiene. Types of immunization include smallpox, diphtheria, and to a small extent, scarlet fever. Schick and Dick testing are done for immunity against diphtheria and scarlet fever respectively. The 10,465 whooping cough vaccinations were all reported from the Division of Child Welfare. The school program extends to kindergarten and school children. During 1947, toxoid against diphtheria was given in the schools to 4,536; smallpox vaccination to 14,658; and Schick tests to 10,904, showing negative reactions or immunes in 73 percent of the tests. These figures do not represent either all of the immunizations and tests done by the Health Department or those done by private physicians which are believed to be far in excess of the work done by the Health Department. The emphasis on diphtheria and whooping cough immunization is properly placed upon the infant and pre-school groups. Though the exact figures on incidence of immunity to the foregoing diseases are not available, all the evidence indicates that the percentages run very high, so that for practical purposes the school population is well protected against them.

The nutritional program is tied up with public health education and, in the pre-school group, with mental hygiene. The program includes: (1) instruction in the schools; (2) instructions to public health nurses and affiliates; (3) demonstrations in the homes and to selected groups; and (4) adult education through group conferences. Either directly or indirectly these all impinge upon nutritional education in the schools, although there are no graded lessons to suit each age group.

Recommendations

It is recommended that:

*1. The school hygiene program be transferred to the Bureau of Child Welfare and become a division of the same.

2. A full-time medical officer be employed as director of the division.

*3. The director of the division maintain much closer supervision over the work of part-time physicians engaged in school examinations and immunization work than has been possible under the present regime. For this purpose additional supervisory assistance would probably be required.

4. A pilot project be undertaken to determine the practicability of substituting full-time career physicians instead of part-time physicians, and that such physicians encompass all phases of child welfare on a district basis.

5. A study of the intensity and quality of complete physical examinations is indicated.

*6. The City Health Department include mental and emotional disturbances in its routine appraisal of the child's health.

7. The City Health Department maintain close liaison with the nutritional work in the schools.

8. For the sake of schoolroom hygiene, modern developments in the techniques of lighting and seating be investigated.

9. All schools be equipped with adequate facilities for physical examinations and consultations.

10. Ways and means of providing corrective treatment for the medically indigent be more clearly defined so that everyone in this category may know where and how to apply for assistance. To this end, a central referral agency, such as the Secretary of the Medical Care Committee of the Community Welfare Council, is suggested.

H. Communicable Disease Control

The communicable diseases were the source from which the first public health concepts sprang, and during the early stages of the modern public era their control was the sole objective of public health. Right and proper as this was in former times, the emphasis on communicable disease control has become gradually less because many of the most devastating diseases in this category have, for all practical purposes, been eliminated. In other instances the dangers have been minimized to the extent that they may be considered to be under adequate control. Deaths from communicable diseases are now only small fractions of what they were in former generations. This does not, however, mean that they can be ignored or that vigilance can be relaxed. For illustration, there are numerous instances in modern times where severe outbreaks of smallpox have occurred in communities where vaccination has not been maintained as a routine procedure.

Methods of communicable disease control also have changed with the increasing knowledge of the causes of disease. Whereas quarantine was originally almost the sole defense mechanism, immunization dominates the field, thus placing the emphasis upon positive protection. A recent revision of the Rules and Regulations of the State Health Department has eliminated placarding in a number of instances. In dealing with actual

cases and contacts, isolation has largely supplanted quarantine.

The City Health Department utilizes all known methods for communicable disease control. In addition to isolation and immunization, education and demonstration conducted largely by public health nurses, the Department must be credited with a large measure of the success in keeping communicable diseases under subjection.

The statistics of the Health Department for 1947 show a total incidence of 12,275 reported cases, of which 795 were measles, 444 scarlet fever, 1,554 whooping cough, 6,477 chickenpox, and 2,370 mumps. For a city the size of Milwaukee, these figures are gratifyingly small.

While comparatively little immunization work is done by physicians in the Division of Communicable Disease Control, the Child Welfare Clinic and the school clinics in 1947 reported the following:

Toxoid (persons inoculated)	12,660
Schick tests	14,522
Smallpox vaccinations	24,752
Whooping Cough vaccinations	10,465

In addition to these figures, a very large but undetermined number of immunizations were given by private physicians. As a result of immunization work by all agencies, studies of immunity among school children indicate a high degree of protection.

For organization purposes the complete report proposes that communicable disease control be set up in the Health Department as a separate bureau in charge of a competent epidemiologist.

Considerable interest attaches to the status of the South View Hospital for contagious diseases. The present capacity of this institution is 200 beds. The average occupancy during 1948 was 32, with the per capita cost $18.93. Since it is known that communicable disease can be safely cared for in a general hospital, the question is raised as to the advisability of taking care of needed hospitalization at the County Hospital and converting the South View Hospital to some other purpose, such as a substation of the City Health Department to house the Tuberculosis Control Center (which is already there), the Social Hygiene Clinic, the Medical Clinic, the laboratory, or other activities of the Health Department as may be desired. It might even be converted to a convalescent center in conjunction with all of the general hospitals in Milwaukee, thus increasing the capacity for acute cases.

Recommendations

It is recommended that:

1. Communicable disease control be divorced from School Hygiene in the organizational setup and placed in a new bureau to be designated as the Bureau of Epidemiology.

2. A competent epidemiologist be employed as the director of the foregoing bureau.

3. The simplification which has recently been adopted for the home isolation of communicable diseases is in the right direction, and that further simplification should be considered as promptly as public opinion will permit.

4. The hospitalization of communicable diseases be objectively studied with the possibility in view of caring for them in general hospitals.

*5. Regardless of whether or not communicable diseases are hospitalized at South View Hospital, the space in excess of the needs for hospital purposes be converted to other requirements of the Health Department, the most urgent of which is the removal of the laboratories in the City Hall to South View Hospital. Other needs which might also be served are the furnishing of quarters for the Social Hygiene Clinic in lieu of rented quarters, and possibly quarters for the Medical Clinic now maintained in the City Hall.

I. Venereal Disease Control

Although the venereal disease control program is administered by the City Health Department, its services are on a county-wide basis. The total amount of funds specifically earmarked for venereal disease control was $52,300.00 in 1948, of which all but $4,800.00 for rental on the building occupied by the Social Hygiene Clinic, is underwritten by the State Health Department using funds derived from the U. S. Public Health Service, in the category of grants-in-aid to the States.

The three principal facets of the venereal disease control program are:

1. The Social Hygiene Clinic, which conducts diagnostic work and epidemiological investigations, and affords treatment for about half of the cases of syphilis discovered, and practically all the cases of gonorrhea.

2. The laboratory in the City Hall, which does serological and other types of laboratory diagnosis.

3. The Rapid Treatment Center at South View Hospital, where all cases designated for hospitalization are cared for. The treatment here features the use of penicillin to effect a cure in a matter of a few days, as compared with many months by the use of arsenicals and bismuth preparations.

Case findings is a prerequisite to an effective control program. An insoluble obstacle, under the present laws, results from the fact that venereal diseases in Wisconsin are required to be reported only by number, with no identification as to name or place of residence. Moreover, the reports must be made to the State Health Department, after which they are eventually referred to the local health officers having jurisdiction. If and when they finally reach the local health officer, the reports are so old that contact investigation is almost worthless, even though adequate identifying data were provided. Moreover, in the case of venereal diseases in the infectious stages, the interval between the initial diagnosis and the final notification of the local health department is such as to allow for numerous contacts.

In those instances where the infectious cases were known as, for instance, the clients of the Social Hygiene Clinic, contact investigation was exceedingly good. At the present time this work is done by the nurses attached to the Clinic. A well-trained lay investigator might profitably be employed to release one of the nurses for work more specifically in the nursing field.

The evidence from every angle points to a very low incidence of infectious syphilis in Milwaukee County. Continued pressure, therefore, holds out a hope for ultimate conquest of the disease in a reasonable length of time. Rapid treatment methods now in use have simplified the attack on this disease, as well as gonorrhea, beyond all previous conception, so that the final death blow to these diseases becomes more than a possibility.

Recommendations

It is recommended that:

*1. The law pertaining to the reporting of venereal diseases be revised at the earliest possible moment so as to require reporting by name and

place of residence directly to the local health officer having jurisdiction.

2. While the continuous mass blood survey should be encouraged as a fixed routine, special emphasis be placed upon finding infectious cases of syphilis.

3. In the event of a proven low incidence of infectious cases, some reduction in force and the removal of the Social Hygiene Clinic to South View Hospital should be considered.

*4. The money now being spent by the State Department of Health for venereal disease control in Milwaukee be turned over to the City Health Department to be expended in accordance with a budget submitted to and approved by the State Department.

J. Dental Care

This report set out to gather pertinent facts on dental health conditions and facilities. It has two parts. It deals first with the dental needs among the school children of Milwaukee and then with the dental health activities in Milwaukee County.

A brief summary of the facts about the dental needs of Milwaukee school children follows.

The dental survey of 9,481 white and 1,283 Negro school children in Milwaukee shows that there is no substantial difference in age-specific rates of dental caries prevalence for white children in three different economic areas. By the time the white children had reached their sixteenth birthday, 97 percent from all three economic areas had experienced dental decay. The Negro children, however, have a substantially lower dental caries prevalence rate than the white children. At age sixteen, about 85 percent of them had experienced dental caries in their permanent teeth.

The annual increment of dental decay in the white children of Milwaukee is found to be .86 D.M.F.[1] teeth per child per year, while for the Negro children the annual dental caries rate is only about one-third as high — .29 of a tooth.

The dental caries attack rates for the Milwaukee, Wisconsin children, white and Negro, as compared with Chicago, Illinois children are found to be substantially the same. It is found that more than half of the white children in the three economic areas have had dental care in terms of one or more filled permanent teeth. The higher economic children were found to have about 64 percent of their numbers with evidence of dental care, while in the lower economic area about 50 percent of children had dental care. In the Milwaukee Negro children only 20 percent of the group with one or more D.M.F. teeth showed evidence of fillings.

Dental care in the deciduous teeth for the Milwaukee white children aged five to twelve years, showed that 39 percent have had one or more fillings. The high economic area children again led with 49 percent of their group having fillings, as compared to 39 percent for the children in the low economic area. The Negro children show evidence of having extremely little care, only 5 percent of the children were found with one or more fillings.

The study findings indicate that among the white children in the three economic areas, the two higher economic areas have significantly lower tooth mortality rates. At age sixteen the children in the high economic area have a tooth loss rate of .9 of a tooth per child, as compared to 1.6 teeth per child in the low economic areas. The Negro school children were found to have a significantly lower percentage of D.M.F. teeth by specific-age groups and they were shown to have received less dental care in the permanent dentition than white children. The tooth loss rates by specific-age groups were a little higher than the tooth mortality rates for the white children in the lower economic areas.

The following is a brief summary of the study of the dental health activities in Milwaukee County:

The children in the Milwaukee County area are definitely in need of more dental care, either in the form of remedial services or more appropriately by means of the known preventive measures. This section of the study primarily enumerates the public or voluntary agency resources which are available to meet this demand for dental services and the effect this effort has on the entire health picture in the child population.

At the time this data was collected there were 791 practicing dentists, or one to every 1,073 people in Milwaukee County. There were 18 clinics where remedial dental service

TABLE No. 21

DENTAL SERVICE FACILITIES IN MILWAUKEE CITY AND COUNTY AVAILABLE IN 1949[a]
CLASSIFIED ACCORDING TO ADMINISTRATIVE CONTROL

Location and Control	Number Clinics	Number Chairs	Number Half-days Per Week	Number of Dentists Total	Full-time	Part-time
MILWAUKEE COUNTY						
TOTAL	18	203	94	110	8	102
Departments of Health	3	7	10	5	3	2
Governmental Hospitals	7	10	26	8	0	8
Voluntary Hospitals	3	8	27	53	1	52
Children's Homes	3	3	15	5	0	5
Dental Colleges	1	164	11	38	4	34
Industrial Clinics	1	1	5	1	0	1
MILWAUKEE						
TOTAL	10	193	55	85	8	77
Department of Health	3	7	10	5	3	2
Governmental Hospitals	1	2	5	4	0	4
Voluntary Hospitals	3	8	27	53	1	52
Children's Homes	2	2	2[b]	2	0	2
Dental Colleges	1	164	11	38	4 (304 Students No. Sr. Class)	34
MILWAUKEE COUNTY EXCLUDING MILWAUKEE						
TOTAL	8	10	25	8	0	8
Departments of Health	0	0	0	0	0	0
Governmental Hospitals	6[c]	8	21	4	0	4
Voluntary Hospitals	0	0	0	0	0	0
Children's Homes	1	1	3	3	0	3
Industrial Clinics	1	1	5	1	0	0

[a]Dental service other than school examinations.
[b]One clinic only open ten half days per year. Small population served.
[c]Includes all of Milwaukee County Institutions except Milwaukee County Dispensary-Emergency Unit.

[1]Decayed, missing, or filled.

programs were in operation. These clinics were staffed with 110 dentists who were providing ninety-four half-days of care each week.

The number of dental clinics includes: ten in hospitals for the care of the mentally ill, tuberculosis, crippled children, aged and other groups; three in health centers operated by the Milwaukee Board of Health for the low income groups; three in Children's Homes for the benefit of the institutionalized children; one industrial plant; and one dental college for the benefit of the general population in the community and State of Wisconsin.

The dental facilities are maintained and controlled by the local department of health, voluntary and tax-supported hospitals, sectarian institutions, a dental school, and one industrial organization. Clinic funds are provided by taxes, fees, endowments, allocations from community funds, budgets of hospitals and dental schools, contributions by private organizations, special welfare funds, official welfare agency and industrial organizations.

Diagnostic and remedial services are rendered to a reasonably adequate extent by 17 of the clinics. One clinic limits its services to diagnostic and referral service to a special adult group. Eight of the dispensaries limit their services to dentistry for children and only to those whose parents are unable to pay for such services or to institutionalized groups; six tax-supported clinics are chiefly for adult patients; two voluntary hospitals limit their services to dentistry for children. Two clinics are for both the adult and child patient.

A general summary of the dental facilities in Milwaukee County is presented in Table 21.

A reasonably well-rounded dental health program is being carried on by the Milwaukee Health Department. The program is under the direction of a part-time dental director and consists of:

1. Dental remedial services for children from low income groups which is provided for in three district clinics staffed with three full-time and one part-time dentist.

2. A dental examination and educational program carried on chiefly by six dental hygienists for the benefit of all school children in Milwaukee.

In the 17 health jurisdictions in Milwaukee County (excluding Milwaukee City) there are five local health departments which have a dental health educational program included in their over-all health program. The remaining 12 areas have little or no dental health activity. No dental care programs are in operation under the direction of these 17 health departments. All children in these local areas whose parents are unable to pay for dental services are sent to the Milwaukee County Dispensary, Children's Hospital, or Marquette University Dental School for treatment.

Recommendations

(Those who are interested in dental care should read the full report. Copies can be studied at the Survey office or the Community Welfare Council.

The factual material obtained led to the following recommendations. These recommendations were discussed — as was the whole report — with the officers and designated committees of the Milwaukee Dental Society. Certain changes were made at their suggestion.)

It is recommended that:

1. The Milwaukee Health Department, in addition to the dental examination program, take immediate steps to redesign the Dental Health Education program so that greater emphasis be placed on direct dental educational activities with the children and school teachers.

2. An in-service training program for professional personnel be established by the Milwaukee Health Department, as well as other organizations and agencies which are rendering dental services to children.

3. The need for dental interns in hospitals be vigorously stressed and professional supervision and instruction be provided for them.

4. A uniform dental recording system which would permit evaluation of dental programs be established and placed in operation by all agencies in Milwaukee County which are extending dental care to children.

*5. Marquette University Dental School make every effort to establish at the earliest possible date a special clinic with dental equipment suitable for dental care of children. The necessary personnel for supervision and teaching purposes should be added to the staff as soon as funds are made available.

6. A course consisting of lectures and field trips in public health be made a required subject in the curriculum for all senior students at Marquette University Dental School.

*7. The Milwaukee Health Department Dental Division, in cooperation with the Milwaukee Board of Education and the Parochial School authorities, be made responsible to institute workshops in dental health for school teachers and the Milwaukee Normal students.

8. The training course for dental assistant be transferred from the University of Wisconsin Extension School in Milwaukee to the Marquette University Dental School.

*9. Topical fluoride therapy for the prevention of dental caries in children be instituted in Milwaukee County school and community health programs.

10. The Milwaukee County Dental Society cooperate to locate recent graduates in areas where the dentist-population ratio is not favorable.

11. Immediate steps be taken to establish a well-organized dental health program, supervised and administered by a dentist, in those areas in the county which do not now include this activity in their over-all health program.

12. The Milwaukee County Institutions appoint a full-time dental director to administer the remedial dental care program. Full-time internships and residencies should be established in order that a better service be realized by the beneficiaries.

13. Industries be encouraged to provide the following services to its employees: preplacement and periodic oral examination and diagnostic services for all employees; emergency dental treatment, including the treatment of occupational injuries and diseases; treatment of oral sepsis; education in dental health, and encouragement of periodic and regular dental care.

K. Mental Health

The report defines mental health as a state of well-being, of efficiency at work, and of harmony in human relationships. Stress is placed upon the need for emotional and mental guidance from the cradle to the grave. Community activities in which mental hygiene is incidental or complementary to other more spe-

cific functions are the pre-natal and well-baby clinics, day care nurseries, nursery schools, the courts, and the public and parochial schools. In all of these some attention is given to mental hygiene, although the extent and quality of such service varies widely between the several agencies, and specific recommendations are offered accordingly.

The existing community facilities for dealing with emotional and mental problems are classified as to consultation, diagnosis, and treatment. In the consultation field, which includes educational, promotional, and referral service, are the Milwaukee County Mental Health Committee and the Milwaukee Psychiatric Service. Diagnosis is furnished primarily by the psychological service in the schools, and by the psychiatric program of the City Health Department. The Milwaukee Guidance Clinic, which includes the Habit Clinic, provides both diagnosis and treatment, but the main reliance for treatment rests with the practicing psychiatrists, (about twelve in number) the "acute" and "chronic" county hospitals, the Veterans Hospital, and four private hospitals for mental diseases. Outpatient service is provided by the County Guidance Clinic, the Veterans Hospital, and the Convulsive States Clinic at the County Dispensary. The latter is specially equipped to take care of chronic alcoholics. The inpatient service of the County Hospital carries an average census of 1,000 at the Hospital for Mental Diseases (acute), and 2,200 at the County Asylum (chronic).

The quality of personnel engaged in psychiatric work is commended, but the quantity leaves much to be desired. Considerable shortages also are noted in the field of medical social service.

All of the public facilities are overcrowded; an acute shortage of space is noted at the County Guidance Clinic and at the County Hospitals. Plans are being developed, however, for relief of this condition in the County Hospital setup.

The program for training in mental diseases is far below the wealth of material that is available. The Medical School at Marquette University, and the University of Wisconsin Medical School have not sufficiently capitalized upon these opportunities. There is a recognized need for more persons trained in psychiatry, and it is suggested that the best way to meet this need is to train them locally. More residencies for graduate students would be a practical approach to this problem.

While the number of agencies which are interested in and attempting to do something about the problem of mental hygiene is commendable, their activities appear to be lacking in over-all planning and coordination. The correction of this situation is essentially a job for the City Health Department. For illustration, the County Guidance Clinic is designed to serve the needs of all referral agencies in the county. During 1948 the twenty-one welfare counselors and four psychiatrists in the public school system gave over 5,000 psychological tests in the schools and 1,500 children were seen in consultation. Of the 1,238 considered in need of further attention, twenty-three or about 2 percent, were referred to the Guidance Clinic. The record for this year showed only two so referred at the time of the study in April.

Among professional non-medical groups whose routine work is intimately associated with mental hygiene problems, the legal profession and the clergy are given special recognition. The need for a more thorough acquaintance with their potentialities for assisting individuals as well as the over-all program is cited.

Recommendations — General Activities

It is recommended that:

1. In the event of amalgamation of the Visiting Nurse Association with the Health Department nurses,[1] the pre-natal, well-baby, and pre-school (habit) clinics be made available for many more of the mothers in the county. These clinics seem to be a function of the public health nursing services. The Visiting Nurse Association has conducted the pre-natal classes for years, but it would seem that this makes for some duplication of the Health Department's public health nursing efforts.

2. It be determined whether the day care centers are adequate in number and whether the staffs are adequate in number and preparation. The day care centers are filling a real need in the county. More intensive orientation toward mental health implications of the program at each of the centers is desirable. This implies a definite in-service training program for the staffs in this field. They are to be commended for their acting in some cases as sources of referral to specialized clinical facilities including the available psychiatric facilities.

3. A beginning be made in the mental health orientation of the staffs of the existing nursery schools, as well as an extention of this effort so that they will be available to all.

Recommendations — Schools

It is recommended that:

1. A supervising psychologist be appointed in the school system to direct the activities of the "psychological counselors" (psychometrists).

*2. Psychiatric consultation be made available. This doctor will consult on all of that estimated 10 percent of the pupils who need psychiatric study.

3. An in-service training of the welfare counselors and the psychometrists be continued under the direction of the above mentioned professional mental health persons.

4. A modern bureau of child study be established to coordinate diagnostic counseling and guidance services.

5. The role of the Health Department continue to be in the field of school hygiene and the tie-up in mental health activities between the two agencies definitely continue to their mutual benefit. The Health Department is obliged to educate its nurses and doctors in school health problems including their emotional aspects and thus there need be no overlapping.

Recommendations — Welfare Activities

It is recommended that:

1. Wider participation in the psychiatric consultation activities available be arranged for the staffs of the various agencies.

2. To this end, of course, an increase of psychiatric consultation facilities will be needed. An expansion of the available resources, especially that of the Milwaukee Psychiatric Services, would be of much help.

Recommendations — Courts

It is recommended that:

1. The number of Children's Court Probation Officers be increased. This will allow thorough work to be done in all cases.

*2. The question of facilities be considered. It is the opinion of many that a Study Home for 30 or 40 children, separate from the present

[1]See report on Nursing, page 71.

Detention Home, should be instituted. This Study Home, under competent professional mental health direction, will provide the opportunity for intensive study and treatment for those in need of it.

Recommendations — Health Department

It is recommended that:

*1. The Health Department organize a mental health section or unit or expand its present Bureau of Child Welfare into such a unit so as to coordinate all mental health activities and mental health education.

2. This unit be headed by a professional mental health person, preferably a psychiatrist.

3. Its functions be to institute in-service training for the public health nurses and pediatricians assigned to its well-baby clinics, habit clinics, and school hygiene programs. Its further function should be mental health education of the community by means of lectures, pamphlets, and other audio-visual aids.

Recommendations — Treatment Facilities

It is recommended that:

*1. Efforts be made to enlarge the quarters and perhaps move the location of the County Guidance Clinic. Serious recruitment attempts by the Guidance Clinic staff should be made to expand its personnel. Its community educational activities should not be abandoned, although these work a heavy burden on the staff, unless more cooperation from local psychiatrists can be obtained for this work. The local Psychiatric Society should be encouraged to assist.

2. The Milwaukee Psychiatric Services make efforts to obtain full-time psychiatric services at the earliest possible moment.

3. An over-all psychiatric director for the various clinics at the Dispensary-Emergency Unit be obtained in order to insure the continuity and effectiveness of these clinics.

4. The Mental Hygiene Committee of the local Medical Society be constantly consulted about the expansion and improvement of these outpatient facilities.

*5. Efforts be made to convince the administration of the Marquette University School of Medicine of the need for taking advantage of the many opportunities for psychiatric training which exist in Milwaukee. The outpatient clinics, County Hospitals, and the Medical School itself can furnish a real opportunity for the training of students, and particularly of graduates and residents in this field. Milwaukee needs men in its inpatient and outpatient treatment facilities and like every place else, can do better if it trains them.

Recommendations — Inpatient Service

It is recommended that:

*1. Steps be taken to accomplish the building of the acute hospital proposed by the Director of the Milwaukee County Institutions to serve for research and early treatment and perhaps for the site of the outpatient department. Until that time it might be advisable to establish an outpatient clinic at the County Dispensary-Emergency Hospital for the convalescent, as well as pre-hospitalization patients. This would complement the other clinic services beginning with the County Guidance Clinic and provide a complete outpatient and inpatient treatment facility run entirely by Milwaukee County.

2. Efforts to increase training opportunities for psychiatric residents in Milwaukee be intensified with the Marquette University School of Medicine.

3. A full-time psychiatric service be provided on the "eighth floor" until the proposed new unit is built.

4. Commendation be given for the efforts of the staffs of the two county hospitals to carry on in spite of considerable handicaps as well as for the foresight of the Director of County Institutions in pushing the building program.

L. Chronic Alcoholism

A conception that chronic alcoholism is a disease which is capable of both prevention and cure to a large extent, is fundamental to an understanding of the problems involved. It is conservatively estimated that one out of every 300 users of alcohol ultimately become victims of the disease. In the Milwaukee area there are estimated to be 25,000 problem drinkers and 5,000 chronic alcoholics. About one in nine of the patients entering mental hospitals will go there as a result of alcoholic psychosis.

While the ravages of chronic alcoholism are staggering, it does not occur in dramatic epidemics, but is rather a continuous pandemic. Its course is insidious and long drawn out, and no drinker has the slightest idea that he may be in the incipient stages of the disease.

Public sentiment has already been aroused to the dangers of the disease, and aggressive measures to meet the situation have been adopted. The Wisconsin Association for the Prevention of Alcoholism, a non-profit, non-partisan, and non-sectarian organization, engaged in educational and promotional work, has secured action to establish the State Bureau of Alcoholic Studies and the course in Alcoholic Studies at the University of Wisconsin. Locally there has been established the Alcohol Information and Referral Center as a voluntary agency, and tax-supported facilities for medical care at the County Emergency Hospital. St. Michael Hospital and the Ivanhoe Treatment Center also provide clinical service.

Clinical care, however, is futile without proper follow up by those who understand the psychic aspects of chronic alcoholics. The most effective instrument in this field is Alcoholics Anonymous whose members have personally experienced all of the difficulties that have to be faced by those who are attempting to gain their freedom from alcoholism. It is most encouraging to note that as a result of all of the forces that can be brought to bear upon the disease, about 40 percent of its victims can be reclaimed.

It is emphasized that the fight is not against the use of alcoholic beverages, but rather against their misuse.

M. The Medical Clinic

With a technical staff of one physician, one x-ray technician, and one laboratory technician, the Health Department conducts a diagnostic service primarily for city employees and civil service applicants. Bartenders also comprise a large contingent of the clientele. Other eligibles include school teachers, food handlers in school cafeterias and at carnivals, persons referred from various welfare agencies, candidates for training at certain hospitals, candidates for the Badger Home for the Blind, candidates for marriage (eugenics examination), Gray Ladies, and baby sitters. The last named group are not examined as employees in private industry, but as citizens of Milwaukee who are entitled to this service upon request.

First aid is furnished for all employees at the City Hall, but no other

treatment is dispensed by the Medical Clinic.

During 1947 there were 14,234 visits to the Clinic, of whom 11,472 were new cases. The total physical examinations were 6,636. The total of laboratory tests performed was 26,965.

N. Public Health Nursing

(Director's Note — In addition to the general report on Public Health Nursing, which is herewith summarized, detailed studies were made of the nursing services of the Milwaukee City Health Department, the 17 other Health Departments in the county, the Visiting Nurse Association, and the Social Hygiene Clinic. These reports have all been submitted to the agencies studied. Anyone interested in the total Public Health Nursing Program should study all of them. Copies are at the Survey office and the Community Welfare Council.)

In February, 1949 there were 195 nurses employed for public health work by 19 agencies in Milwaukee County; 109 by the City Health Department; 44 by 15 suburban health departments (all but Greendale and River Hills); 37 by the Visiting Nurse Association; four by the State Board of Health for service in the Social Hygiene Clinic; and one by the Greendale School District. Since the Visiting Nurse Association serves the entire county, residents living in any part of it except River Hills, may be under the care of two public health nursing agencies, the Visiting Nurse Association and Health Department or School Nurses. The over-all ratio of nurse to population in the city and county was 1:3995. There was considerable difference in the ratios in the city and suburbs, ranging from 1:1654 in Fox Point to 1:10,311 in the Town of Wauwatosa. In the City of Milwaukee it was 1:4480; in the county 1:3262. The recommended ratio for complete coverage, including bedside care, is 1:2000. For Milwaukee and Milwaukee County this would mean an additional 208 nurses — 174 in the city and 34 in the suburbs.

The number of visits increased from 7,477 in 1907-1908 to 274,246 in 1948. In this same year nurses from nine industries and one hospital made 15,199 home visits in the interest of home nursing care. This makes a total of 289,445 visits in 1948. On February 7, 1949 nurses reported 115,692 cases under care.

In 1948 the total expenses for the 195 nurses was $679,048 ($509,386 tax funds, $169,662 private funds), or 90.5 cents per capita. It is estimated that the nursing budget for a community will cost no less than one dollar per capita.

All the basic services usually included in public health nursing programs are offered in Milwaukee County. The Visiting Nurse Association has contracts with various insurance companies and gives special service to polio and cancer patients through cooperative arrangements with the American Cancer Society and the National Foundation for Infantile Paralysis. It offers bedside nursing care on a visit basis; physical therapy treatments; maternity care, including maternity classes; and home delivery service.

All health departments provide school nursing services in all public and parochial schools in the communities they serve as well as communicable disease nursing, follow-up of tuberculosis patients, and health supervision. Their nurses staff the various clinics — immunization, well child, tuberculosis, and the like. A few home nursing classes are taught and some lectures in child care are given at the Shorewood Vocational School.

While all the basic services are offered, some are better developed than others. For example, the school, infant, and tuberculosis services are fairly well developed, but maternity; bedside care; health supervision of crippled children, preschool, and adult patients; and group teaching need to be greatly expanded. Part-time nursing in the smaller industries should be offered and developed.

There are two aspects of the total program that are worthy of special mention. All health department nurses are also the school nurses. Bedside nursing care is offered to the entire county by one agency (the Visiting Nurse Association) which has contracts with all the different groups who usually offer nursing services to their beneficiaries. Everything possible should be done to see that this situation continues, but with a close linkage of the two services under the direction of the City Health Department.

The history of the Visiting Nurse Association shows that it took the lead in developing a number of services which it later transferred to other agencies, i. e., the tuberculosis service to the Health Department and occupational therapy to the Curative Workshop. The time has now come for it to relinquish two more services; namely, maternity (except for those patients who will have home deliveries) to the health departments, and physical therapy to the Curative Workshop. This will leave bedside care. In 1948 only one-fourth the number of patients expected were given this care. Since the number of persons who need home care for acute illnesses has decreased in the last several years, it is expected that most of the increase will be among patients having long-term illnesses, whose care often is time-consuming.

The Nursing Division of the City Health Department has succeeded in generalizing its services to such an extent that every nurse who visits patients also has school and well child clinic responsibilities. This is one way in which field and clinic activities are coordinated. Another is through the activities of the liaison nurse assigned to the tuberculosis clinic.

The Social Hygiene Clinic is usually considered a health department responsibility. In Milwaukee, the nurses assigned to this clinic are paid by the State Board of Health and have not been included in any local supervisory or in-service education plans. This is undesirable and should be changed so that they be completely integrated into the program of the local health department.

Of the suburbs, only West Allis has a staff which is sufficiently large to warrant the employment of a full-time supervisor. This should be done. In eight other communities there are nurses designated as supervisors but they also have staff responsibilities which interfere with their giving adequate supervision and initiating in-service education programs independent of those arranged by the State Board of Health. Therefore, suburban health departments need to develop plans for giving their nurses adequate supervision and in-service education programs. This can be effectively accomplished only by merging the local departments with larger population groups, preferably in a county-wide health unit.

The completion of a year's accredited course in public health

nursing is necessary for nurses who do not have adequate supervision. In Milwaukee County 21 percent of the nurses have this preparation. In the country as a whole, 31 percent have it. Nurses should be urged and encouraged to complete these courses.

Public health nurses need the help of representative citizen groups to plan, develop, and interpret the programs in the communities they serve. Without this help, the service they give will have only limited success. In Milwaukee County there is only one such group — the Visiting Nurse Association — which has forty-seven corporate members coming from a small section of the county. It is not sufficiently large or representative to function effectively for the entire county. Therefore, it is suggested that a citizen committee for public health nursing be formed in each suburb.

In considering the future of public health nursing in Milwaukee County it is important to develop an organization which will assure an adequate and sound service and which will make it possible for one public health nurse to give health guidance and bedside care to the entire family. Controlled experiments prove that a service of this kind is the most effective. This could be accomplished by establishing a combination service jointly administered and jointly financed by the official and voluntary agencies with all field service rendered by a single group of public health nurses.

Recommendations

In order to improve and expand existing public health nursing services and adequately meet the needs of Milwaukee and Milwaukee County, it is recommended that:

*1. The services given by the various public health nursing agencies be more closely coordinated with each other and with other health and welfare services of the area, and that good cooperative procedures and a sound referral system be developed.

*The use of the Social Service Exchange be increased as a basis for making plans for meeting the health needs of the family and for wisely using community resources.

2. Vital statistics and known social and health problems be studied in order to determine and plan for the needs of the different sections of the county.

3. The quality of service be improved by —

Providing competent supervision and in-service education for all public health nurses in the area. This is especially important for those nurses who are working in the Social Hygiene Clinic and in the suburban health departments.

*Relieving nurses of as many nonnursing functions as possible through the use of volunteers, clerks, or subsidiary workers.

*Placing more emphasis on a family health service. The nurse will then see her patient as an integral part of his family and will feel responsible for helping with all health problems she finds in the home.

Including more teaching and demonstration of care as well as improving and expanding the individual teaching done in well child clinics.

Critically studying the school program, especially in the suburbs, in order to find ways and means for using nursing time to best advantage and for improving the services to school children.

Expecting and assisting nurses to complete their public health nursing preparation and studying and revising merit system qualifications as needed so nurses will not be given responsibilities for which they are not prepared. In an effort to attract to Milwaukee County well-prepared, energetic, and ambitious young nurses, broad and varied experiences, including internships in supervision, should be offered to qualified staff members.

*Having some nurses adequately prepared in the nursing specialties — maternity, tuberculosis, venereal disease, mental hygiene, and pediatrics — so they may provide in-service education in these specialties for all staff nurses.[1]

4. Existing programs be expanded by —

Securing the active cooperation of physicians, hospitals, out-patient departments, social agencies, nurses, and citizen groups, so that they will refer for care all individuals who need it.

At least trebling the bedside nursing program of the Visiting Nurse Association and expecting it to include care to chronic and geriatric patients.

Assisting small industries to secure necessary industrial nursing service.

Expecting health departments, in addition to their present programs, to assume responsibility for the maternity program; group teaching in maternity and child care, nutrition, and care of the sick; and health supervision services to infants, preschool, and adult patients.

Increasing the number of nurses, especially in those areas which have a low ratio of nurse to population.

*Securing more citizen participation in the public health nursing program.

a. Organize citizen committees for public health nursing in the suburbs and various sections of the city.

b. Develop school health committees.

*Work toward the combination of nursing services — City Health Department and the Social Hygiene Clinic; Visiting Nurse Association, suburban health departments, and the City Health Department.

O. Medical Social Service

Although there was a pioneer development of a social service department in a hospital in Milwaukee in 1914, progress has lagged. Only five hospitals and outpatient departments out of 20 hospitals, plus the Wisconsin Anti-Tuberculosis Association, are listed as having social service departments. This is in spite of the recommendation by the American College of Surgeons that the Medical Social Service department exist in every hospital. Of the 20 staff members, eight who have had specialized training are in the public institutions. Another six who have specialized training are in the W.A.T.A. Four workers, none with specialized training, but one eligible and a member of the American Association of Medical Social Workers, staff the private departments. In the one hospital, the supervisor of the outpatient department, a nurse along with her other duties, handles all the problems of a social-emotional nature which come to her attention.

When the medical social worker is available, the hospital becomes a less strange and frightening place to the patient for he can have understanding of his fears and superstitions about his disease, help with his

[1] In addition, each nurse, after she has completed one year's experience, should receive in-service education in physical therapy so she will be alert to recognize deviations from normal and be able to give some physical therapy follow-up. For example: know when appliances are in good condition and correctly used.

financial difficulties, and a knowledge that someone will keep him in touch with his family when they are unable to visit him. The social worker may also plan with this patient for special training, or assist him in securing a different position if the doctor tells him that he must not return to his former employment. Hundreds of patients, particularly those with heart diseases and tuberculosis, receive these recommendations by their doctors every day.

Evidence of poor health and progressive crippling conditions, need for medication examinations — both for prevention and diagnosis — were noted among the many patients under the Department of Public Welfare and Public Assistance.

In 1948, 204 patients left Muirdale Sanatorium against the advice of the physicians. About 50 percent of this number were those who over stayed leaves and had to be readmitted. The possibility of these patients recovering from tuberculosis is usually remote if they remain untreated. Their leaving against advice is, among the other factors, a sign that the social, emotional, and economic needs of the patients were not being met.

Perhaps we need to reflect on a field worker's report to the Superintendent of the County Hospital in 1915: "that before the creation of this department, many a patient who, when discharged was on a fair road to physical health, lost all of the benefit of the surgeon's skill and physician's knowledge expended upon him, because he failed to heed the doctor's recommendations."

Recommendations

It is recommended that:

1. The social service department of Milwaukee County Hospital and Dispensary — Emergency Unit, Milwaukee Children's Hospital, and the W.A.T.A., review their activities and outline and redefine their function.

   a. The hospital pursue its plans to reorganize and set up social service and admissions as separate units.

   b. A position of supervisor of admissions be created for both the hospital and dispensary in order to release more time of the present Director (hospital) and Case Work Supervisor (Dispensary-Emergency Unit) to develop a more comprehensive case work service.

   c. There be immediate efforts to expand the number of qualified personnel, including a case work supervisor at the hospital.

2. Muirdale continue to exert its efforts to fill the already budgeted vacancies and that a position of director of social service be created; that upon securing a director of the department, the activities of the department be reviewed and redefined.

3. The staff of Milwaukee Children's Hospital be immediately increased by a case work supervisor and one medical social worker.

4. The department of St. Michael be reorganized in order to offer case work services to the patients and fulfill the functions outlined for Social Service departments; that a qualified Director and Senior Case Worker who meet A.A.M.S.W. Standard Statement requirements be employed as soon as possible.

5. Mt. Sinai consider setting up a department under a qualified director to offer case work services and fulfill the functions outlined for Social Service departments and that the admissions and social services be separated.

6. In all the departments, the director endeavor to determine the number of additional staff needed to carry out the functions of the Social Service department.

7. Job specifications, duties, and professional qualifications be outlined.

8. A salary scale and increment plan be formulated which will attract qualified personnel.

9. Additional clerical personnel be employed in order that the workers may more adequately record, and workers be relieved of some of the clerical duties they are performing — making appointments, arranging for transportation, securing of prosthesis, etc.

10. The departments review their personnel practices, particularly in reference to vacations, sick leave, and provisions for educational activities.

11. The Milwaukee Health Department and the W.A.T.A. review, as planned, the demonstration now in progress, and that the health department consider the establishment of a medical social work unit which would offer generalized consultation service.

12. The Curative Workshop pursue their plans to employ a medical social worker, and that she develop appropriate activities.

13. The hospitals without social service departments explore the possibility of establishing them.

14. The Health Division of the Community Welfare Council be utilized as a clearing agency, and that it be informed of developments in medical social work.

15. The Community Welfare Council promote the practice of social work in hospitals and outpatient departments, and exert every effort to raise the standards of medical social work practices.

In order to carry out this recommendation, it is suggested that a committee be appointed by and function under the auspices of the Council, and that there be representatives from the physicians, hospital administrators, and psychiatric and medical social worker groups, and that they immediately attempt to set up uniform job classifications, qualifications, and salary schedule, for the field of medical social work.

P. Voluntary Agencies

The heart and soul of a community are best exemplified by the things its people do for others without compulsion but merely for the spontaneous desire to be helpful. Such is the motivating principle behind the work of voluntary agencies. Of those working in the field of health and related interests there are two classifications:

(1) Those whose function are essentially in the field of health and whose activities are, therefore, supplemental to the work of the official health agency; and

(2) Those whose work is an incidental rather than an essential factor in the health program.

The list of voluntary agencies furnished by the Community Welfare Council includes ten agencies which belong to the first classification above, as follows:

1. The American Red Cross
2. Milwaukee Hearing Society
3. Clinics at Marquette University Medical School
   a. Hearing Rehabilitation Clinic
   b. Speech Clinic

4. Central Agency for the Chronically Ill
5. Milwaukee Cancer Detection Center
6. Curative Workshop of Milwaukee
7. Milwaukee Goodwill Industries
8. Milwaukee Psychiatric Services
9. Visiting Nurse Association
10. Wisconsin Anti-Tuberculosis Association

All of these except Nos. 2 and 3 are discussed in other related sections of the Survey.

In the second classification are:

(1) the welfare organizations whose program incidentally impinge upon health problems; and

(2) the voluntary general hospitals and institutions for the care of chronic diseases.

All of the institutions in this classification are dealt with elsewhere in appropriate sections of the report.

Milwaukee is fortunate with respect to the popular and professional interest centered upon hearing and speech defects. The voluntary agencies working in this field are the Milwaukee Hearing Society, the Speech Clinic and the Hearing Rehabilitation Clinic at Marquette University, and the Hearing Aid Bureau at the State Teachers College. The multiplicity of agencies having the same or similar interests might presage duplication and cross purposes. On the contrary, there appears to be good cooperative relationship not only between the several agencies in this group, but also with the official health agencies. The close linkage between voluntary and official agencies is illustrated by the agreement whereby the Marquette University Hearing and Speech Clinics do preliminary hearing tests in the parochial schools for the Milwaukee City Health Department, and for eight parochial schools out in the county.

The Milwaukee Hearing Society is an outgrowth of a social club, and the club spirit is still the power of attracting persons having a common problem. The purpose, however goes beyond hearing and speech improvement and is aimed at improvement of morale and emotional stability.

The Hearing Aid Bureau is concerned with selection of hearing aids to fit the individual, and in training in the use of them.

A very interesting and valuable voluntary service not reported elsewhere is the Junior League Blood Center. Since its organization in 1947 it has become self-supporting, but much more important than that is the fact that it has underwritten the job of supplying blood of all types and in all desired quantity to all of the hospitals in Milwaukee County and to the Waukesha General Hospital. From March, 1948 to March, 1949 there were 15,379 donors, and 14,833 units of blood were sold to the hospitals. Eight percent of blood drawn was converted to plasma, and 22,720 cc. were processed for serum.

Q. Industrial Health

Scope and Plan of Survey

A questionnaire type of survey was decided upon as the only method which could give a reasonable sample, in the limited time available, of basic information on number, type, and size of plants, operations having potential health hazards, and plant health and welfare services.

A mailing list of approximately 3,000 business firms was supplied by the Milwaukee Association of Commerce. The questionnaire was mailed to each of these firms with a form letter explaining the purpose of the Survey. A total of 683 completed questionnaires, or 23 percent, was returned in time for statistical tabulation. Elimination of those replies which were not applicable to the Survey reduced the number finally used in the tabulation to 549, or 18 percent.

Acknowledgments

Grateful acknowledgment is given to the Milwaukee Association of Commerce for sending the questionnaire to its entire membership; to the Division of Statistical Services, Wisconsin State Board of Health, for its splendid cooperation in the tabulation and statistical analysis of questionnaire data; to Mr. Orrin Fried, Chief Statistician, Statistical Department, Industrial Commission of Wisconsin, for providing census figures and occupational disease reports; and to all others who assisted in the preparation of this report.

Introduction

The health and efficiency of the industrial segment of the population is of outstanding importance. Industrial workers comprise one of the largest and most important groups of the population both from the economic and sociologic viewpoint.

It has long been recognized that some occupational groups are exposed to health hazards characteristic to their work and which may result in occupational diseases. In addition, there are a great many factors, both within and without the workroom which impair the workers' well being, comfort, and efficiency without actually causing illness. The present day concept of industrial hygiene is not only the control of occupational diseases but also the maintenance of the general health and efficiency of the industrial worker.

Approximately one-fourth (24.4 percent) of the state's entire population resides in Milwaukee County. Those gainfully employed in Milwaukee County number 317,474 or 40.1 percent of the state's total. Of the employed group, 181,859 or 57.3 percent were working in manufacturing industries where the need for protecting workers against occupational health hazards is particularly important.

The control of environmental conditions hazardous to health in industrial establishments is essential for the maintenance of the workers' health and efficiency. It is also essential that the facts be determined regarding the physical and mental capacities of new workers, that they be suitably placed at work they can do safely and efficiently, and that their health be supervised and maintained while on the job. Proper medical and engineering control are required to accomplish those needs.

Size and Distribution of Plants

The number of plants and male and female employees reported in the 549 questionnaires were tabulated, classified by industry. Of the total of 151,680 employees covered in this Survey, 112,048 (73.9 percent) were male and 39,632 (26.1 percent) were female. The total of 151,680 employees represents 47.9 percent of the gainfully employed persons in Milwaukee County in 1947. The iron and steel industries accounted for the largest number of employees (61,147) and the second largest number of plants (79). Other large categories were trade[1] (15,744 employees, 120 plants); food (11,332 employees, 35 plants); transporta-

[1]Trade includes automotive, garage, retail food including dairies, eating and drinking establishments, lumber, building material and fuel dealers, general merchandise and apparel and other retail and wholesale trades.

tion (8,145 employees, 46 plants); paper and printing (6,127 employees, 40 plants); and chemical (3,843 employees, 27 plants).

The main report has 14 tables and charts and is of value to students of Industrial Hygiene. A copy of the original and full report is at the Milwaukee Association of Commerce. Here is given a brief summary, the conclusions, and recommendations.

Summary and Conclusions

Some occupational groups, because of the nature of their work, are exposed to toxic materials or abnormal physical conditions which may result in occupational diseases. In addition there are numerous causes, both within and without the plant, which frequently impair the worker's well being, comfort, and efficiency without causing actual illness.

Effective industrial health programs should be developed to prevent illness and to promote the worker's health and efficiency. Adequate medical supervision is necessary to place workers at jobs for which they are best suited physically, to prevent excessive illness by proper health supervision, to detect illness in the early stages, and to treat industrial injuries and illnesses to minimize their effects. Industrial hygienists (engineers and chemists) are required to evaluate exposures to health hazards in the workroom and to advise upon proper methods for their control. The services of nurses, dentists, and first aid workers are all needed for effective performance of the over-all industrial health service.

This report shows room for improvement in the provision of health services to Milwaukee County industrial employees. There were very few full-time physicians, and none in small plants. A small percentage had nursing services. Industrial hygienists were reported by only one large plant on a full-time basis. Many plants, without full-time services of physicians, nurses, and hygienists, utilize the services of the Industrial Hygiene Division of State Board of Health and local health departments, as well as the medical and nursing services of insurance carriers.

There was a considerable variation in the degree to which health and medical services were provided. Although 86.2 percent of all plants studied provided treatment for plant injuries, only 55.4 percent treated minor on-the-job illness. Accident records were maintained on 61.5 percent of workers in all plants, whereas illness records were kept on only 36.8 percent of the workers. Preemployment physical examinations were conducted in 25.0 percent of the plants and periodic follow-up examinations were done in 15.3 percent. In every category, much more adequate service was provided in the larger plants than in the smaller ones (100 workers or less).

Welfare provisions, which include group life and health insurance, and group hospital and medical care plans were provided to almost as great an extent in the small plants as in the larger plants.

Much of the industrial hygiene service to industry has been supplied by governmental agencies, mainly the Industrial Hygiene Division of the State Board of Health and the City of Milwaukee Health Department. With present small staffs, these agencies were unable to provide anywhere near an adequate service to Milwaukee County industrial establishments.

Recommendations

It is recommended that:

1. More adequate industrial hygiene services be supplied to Milwaukee County industry. The way this is to be done should be discussed with the Industrial Hygiene Division of the Wisconsin State Board of Health.

2. Every industrial establishment which has not had an industrial hygiene survey for the evaluation and control of environmental health hazards, arrange for such a survey to be made by technically qualified personnel.

3. The much greater use of regularly scheduled services of physicians and nurses in all sizes and kinds of industrial establishments, be promoted by joint efforts of management, labor, and professional groups.

X. Medical Care

A. General and Special Hospitals In Milwaukee County

It is axiomatic to state that protection and conservation of health are to the interest of individual and national welfare of every citizen. Lack or impairment of health inflicts an economic loss upon the individual and has a deleterious effect upon all social, business, and community activities. Basic to the protection and conservation of health are the facilities for caring for the sick and injured.

This study of the hospital facilities has as its objectives the following:

1. To complete a survey of all existing general hospital care, beds, and the associated service.

2. To evaluate such beds and service.

3. To determine the general hospital care bed needs.

4. To ascertain the anticipated future planning for new and additional general hospital care beds.

5. To evaluate such plans.

6. To propose a program of future development of existing and/or new general hospital care beds.

Inventory of existing facilities must be a periodic review as the facilities are changing constantly. However, it is expected that the factual data presented may serve as the foundation upon which the future development, integration, and coordination of the hospitals and related facilities of the community may be based.

If the Survey can point the way toward providing effectual and adequate facilities to meet the ever-increasing need of this growing community, it will have served its purpose and been worth the value in effort expended.

From the patients' viewpoint, the paramount problem facing the general hospitals of the Milwaukee area today is, as it has been for several years, the shortage of hospital beds. Based upon population estimates and characteristics, mortality, morbidity, and birth rates, etc., the Survey reveals a shortage of approximately 1,550 beds. The type of beds needed are as follows: 320 beds for the Milwaukee County General Hospital, 100 beds for maternity cases, 40 beds for pediatrics, and the remainder for general medical and surgical cases. A surplus of beds for communicable diseases exists, and the recommendation is made that 100 beds for these conditions be established at the Milwaukee County General Hospital, and that the care of such cases be transferred by the City Health Department to that hospital, with conversion of the South View Isolation Hospital to other public health uses.

Location of the existing hospitals does not adequately serve all the people of the county; two areas, one, the south lake shore area, and the other, the southwest region of the county, are poorly served. It is recommended that when additional beds are built in this community, 100 beds be provided for the Cudahy-South Milwaukee region; and that approximately 200 beds be provided in the southwest section of the metropolitan area proper to serve the people living in the Towns of Franklin, Greenfield, Greendale, etc. Transportation in this region is direct to the southwest portion of the metropolitan area of Milwaukee, and a hospital located in that area would serve both the metropolitan and rural regions of southwest Milwaukee County.

The majority of the hospitals in the area show evidence of crowding. The local occupancy rate is 1.9 percent higher than the national average. The majority of the hospitals have waiting lists for admission averaging 33 patients per list. The average length of stay in local hospitals is 6.9 as compared with the national average of 10.5. The utilization factor is high, and only 198 days of service are rendered by local hospitals per death, as compared with the established rate of 250 days per hospital death.

Regarding quality of facilities and service, it may be said that the physical condition of the buildings in general is good, but show evidence of age. The average age of hospital buildings in the community is 29.9 years, with approximately 333 beds housed in units which require immediate replacement. Fire inspection and control of the local hospitals is excellent. Food service received only a 55.1 rating according to the U. S. Public Health Service standards, and emphasizes the necessity of constant vigilance to the fundamental principles of good sanitation and hygiene. Recognition, accreditation, and approval of hospitals associated with education of interns and residents emphasizes the importance of including residency training in physical medicine and the degenerative diseases. Associated with this program is the need for a School of Physical Therapists in the community.

The autopsy ratings in the hospitals are high and the records are of a superior quality.

Future building programs of local hospitals are sound and when completed will meet approximately 65 percent of the present bed deficiency.

Blue Cross prepayment plan coverage of the population in this area is high, covering approximately 46.6 percent of the population.

Local hospitals have not taken full advantage of their opportunity to further public health. Routine radiographic chest examinations on admission, and extension of routine laboratory tests for syphilis, etc., could be amplified with advantage to general public health.

Extension of public health education through use of hospital facilities should be encouraged.

Public emergency ambulance service in this area is excellent and justifies Milwaukee's enviable position of being one of the large metropolitan and industrial areas with an emergency ambulance service of outstanding quality.

No approved, or even unapproved, cancer clinic is available to the citizens of this area, and the recommendation is made that a diagnostic and therapeutic cancer clinic meeting the standards of the American College of Surgeons be established.

Outpatient departments established do not reflect proper credit upon the associated institutions. Many patients wait for hours on hard benches in surroundings not conducive to alleviation of apprehension.

But in general the hospitals of the community are doing superb work in face of the many difficulties besetting them in modern times.

Recommendations

It is recommended that:

1. Approximately 1,550 additional general hospital beds be provided for the Milwaukee metropolitan area.

2. 320 of these beds be added to the Milwaukee County General Hospital.

3. 100 of the 1,550 beds be for maternity cases.

4. Forty of the 1,550 beds be for pediatric cases.

5. A minimum of 200 of the 1,550 beds be located in the southwest portion of the urban area.

6. A minimum of 100 of the 1,550 beds be located in the South Milwaukee-Cudahy shore area.

*7. Serious consideration be given to the inclusion of a communicable disease section in the Milwaukee County General Hospital.

*8. The activities of the South View Isolation Hospital be transferred to the Milwaukee County General Hospital. Either the South View Hospital should be closed and the patients cared for in general hospitals, or that space in excess of the needs for hospital purposes converted to other cases. (See section on Communicable Disease Control.)

*9. The present South View Isolation Hospital be utilized for other public health services.

10. All hospitals cooperate more extensively with official public health agencies in the extension of their program of preventive medicine including public health education.

11. All hospitals institute routine serological tests and radiological chest examinations of all patients admitted to hospitals or clinics.

*12. The existing hospitals not approved by the national accrediting associations make every effort to increase their standards to warrant such approval or registration.

13. Hospital authorities responsible for those institutions which have non-acceptable non-fire resistant units housing patients, make every effort to eliminate the housing of patients or personnel in such units.

14. The Marquette Medical School establish a department of physical medicine.

15. The Milwaukee County General Hospital expand its department of physical therapy.

16. The Milwaukee County General Hospital in cooperation with the Marquette Medical School establish a school for physical therapists.

17. The Milwaukee County General Hospital and other large metropolitan hospitals consider seriously the establishment of approved residencies in cardiovascular disease, gastroenterology, and physical medicine.

18. No hospital of less than 100 bed capacity be approved in the metropolitan area.

*19. An organic relationship be developed between the small hospital (less than 100 beds) and the larger more completely organized medical centers.

*20. The large general hospitals review their policies with intent to provide a more comprehensive service in the future, particularly in regard to admission and care of the acute psychiatric, etc.

*21. The large general hospitals consider seriously the provision in separate and associated buildings for the care of long-term illness cases.

B. Services for the Chronically Ill

There is no question that chronic illness is the major health and welfare problem confronting the citizens, the health and welfare agencies, and the professions in the Milwaukee area today. The problem, however, is not local to this community but is present throughout each and every community in the country. It is only in recent years that an awareness of the problem has developed; hence much difference of opinion as to the best solutions of the problems exists. But it seems well established in interested groups that the ultimate solution will be hastened by a twofold attack: (1) increased adequate facilities for care, treatment, and rehabilitation; and (2) increased and intensive research into the causes of chronic illness. The latter has the possibility of supplying the solutions through preventive measure to decrease or eliminate the cases of chronic illness.

Until very recent years the impetus and interest of the medical profession was directed toward acute illnesses with the exception of two groups of conditions in the field of chronic illness; namely, mental disease and tuberculosis. However, with the conquest of the majority of acute communicable diseases, attention is being concentrated on chronic illnesses which now are responsible for the majority of all deaths.

Lack of a clear definition of chronic illness has resulted in much confused thinking. An administrative definition of the chronic illness which merits much consideration is that proposed by E. C. Rogers, "American Journal of Public Health," April 1946. He defines chronic illness as a "disease that may be expected to require an extended period of medical supervision and/or hospital, institutional, nursing, or supervisory care." For all practical purposes, the use of the expression "long-term illness" for chronic illness is advocated.

Summary of Regular Chronic Illness

Long-term illness and chronic invalidism is the number one health problem in the Milwaukee community. It is estimated that there are 120,000 long-term illness patients in this area, of whom 8,000 are chronic invalids, and that these patients are increasing at such a rate that by 1970 the number over sixty-five years of age with long-term illness will have increased from the present number of 17,000 to 38,000, and chronic invalids from 2,100 to 4,500.

At present, of the 8,000 chronic invalids, another 2,000 can be cared for in their own homes **with outside assistance,** and 2,400 need institutional care. The above figures are exclusive of patients suffering from mental illness or tuberculosis.

Beds available for these chronic invalids number 1,330, of which 570 are in commercial nursing homes, 210 in charitable nursing homes, and 550 in two chronic disease hospitals.

On the basis of 3.3 beds per 1,000 population—the accepted rates—a total of 2,800 beds are needed to accommodate the chronic invalids.

A deficiency of 1,500 beds therefore exists.

Only 400 additional beds are being planned in the community at the present time.

Home nursing care, home housekeeping service, and home physical therapy facilities and service available, do not meet present demands, and all need extension and expansion.

Rehabilitation is limited by the facilities of the Curative Workshop which is in the process of expansion.

The major recommendations stress the establishment of nursing homes in connection with hospitals; the assumption of responsibility by the Central Agency for the Chronically Ill of continuous public education in the problems, needs, facilities, programs, and solutions for the chronically ill; as well as emphasis by the Marquette Medical School, the Medical Society of Milwaukee County, and the Health Department on research, study, etc., in geriatrics, degenerative diseases, and physical medicine.

Recommendations

It is recommended that:

1. 1,500 additional beds be provided for long-term illness patients and chronic invalids. 600 of these beds should be built as additions to general hospitals. (480 beds are already planned for the Milwaukee County Hospital.)

*2. Private nursing homes be encouraged to expand both facilities and services.

*3. Hospitals seriously consider the establishment of nursing homes in conjunction with the hospital.

*4. Hospitals add facilities and services for active treatment of long-term illness patients requiring hospital care because such care is inseparable from care of acute illness.

5. All institutions—commercial, nonprofit, and governmental—provide all essential services required for the high quality care of the long-term illness patient.

*6. The Central Agency for the Chronically Ill maintain an up-to-date registry of all facilities and services in the county for the chronically ill.

*7. The Central Agency for the Chronically Ill establish a program of seminars and institutes for operators of nursing homes, and assume the responsibility for the continuous education of the community in the problems, needs, programs, and solutions of the chronically ill.

*8. The Central Agency for the Chronically Ill cooperate and coordinate with the Milwaukee Health Department in elevation of standards for operation of nursing homes.

*9. Visiting Nurse Association expand its service of home nurse visitation to chronic invalids.

10. All interested agencies refer their requests for home nurse visitation to the Visiting Nurse Association with both moral and financial support.

*11. Home housekeeping service supplied by the present agencies be expanded to meet the present demand for such services.

12. Physical therapy and rehabilitation services be provided by the Curative Workshop for chronic invalids at home, and that this service be actively and financially supported by other interested and concerned agencies.

13. The Marquette Medical School place more emphasis in its undergraduate teaching curriculum on physical medicine and geriatrics.

14. The Milwaukee County Hospital establish residencies pointed toward the degenerative diseases and diseases of the aged, such as cardiovascular, gastroenterology, and physical medicine.

15. Milwaukee County Medical Society use its influence to stimulate interest in the medical aspects of the problems of long-term illness.

16. Milwaukee Health Department set up in its organizational structure a Bureau of Degenerative Diseases with a grouping in this Bureau of nursing homes, heart, cancer, diabetes, etc., activities.

17. Various agencies such as the Milwaukee Division of the American Cancer Society and the Wisconsin Heart Association, publicize more widely the services they have to offer to the chronic invalid.

18. Milwaukee Division of the American Cancer Society and the Wisconsin Heart Association underwrite all expenses of home visitation by the Visiting Nurse Association to all cancer and heart patients, and that this coverage be extended to all of Milwaukee County.

19. Planning of facilities for the chronically ill always be reviewed from the community as a whole and not only from the viewpoint of the indigent.

20. Periodic medical examinations be encouraged to facilitate early recognition and treatment of long-term illnesses.

21. All agencies actively support all accident prevention programs to reduce the number of physically handicapped due to accidents.

*22. Old folks' homes change admission policy to accept chronic invalids and not necessarily on a life-time contract.

C. Tuberculosis

Milwaukee County as a large metropolitan center has a lower death rate from tuberculosis than any other of equal or larger size in the United States. From the investigations made and information gathered as basic data, it is plain that this favorable condition is the result of long-term, farsighted appreciation of the tuberculosis control problem on the part of officialdom of both city and county. It is the result of the acceptance and prompt application of every useful control procedure by the directors of the program as soon as they were proved to be of value.

The rapid increase in Negro population in the last several years portends that a serious problem for control of tuberculosis will develop among them. The fact that Negroes are crowded into substandard housing in blighted areas increases the problem by adding the probability of rapid spread of infection to that of high racial mortality.

The mass chest X-ray survey that was carried out in the spring of 1947 was an excellent demonstration of the existence of a great many hitherto unknown cases of tuberculosis among presumably well people of Milwaukee County. There is considerable concern that lack of sufficient personnel in the Tuberculosis Control Division of the Milwaukee Health Department has prevented completion of statistical analyses of this survey.

The location of the Tuberculosis Control Center and offices of the Tuberculosis Control Division on the south side is convenient for people living in that section of the city, but difficult of access to people living in the central and northern sections. The County Dispensary at 2430 West Wisconsin Avenue, limited as it is to the care of medically indigent persons, is not at present in a position to function adequately as a second control center.

The personnel of the Tuberculosis Control Division is not sufficient to carry out the full requirements of the program in the City of Milwaukee. The Division of Public Health Nursing has functioned admirably in carrying out the field services,

but the Tuberculosis Control Division is lacking clerical help necessary to keep the case register and other records current. Outside of the city, the multiplicity of health jurisdictions and the lack of coordination between them prevent uniformity of action. A Tuberculosis Control Officer, having authority over and responsibility for the whole city-county program would provide the necessary administrative head.

The Milwaukee County Dispensary-Emergency Hospital at N. 24th Street and West Wisconsin Avenue is completely equipped and well located. Because of the regulation restricting most patients to those receiving public assistance, its potential activities in tuberculosis control are not fully developed. This restriction is inconsistent with the law providing free sanatorium care to all bona fide residents regardless of their ability to pay the costs.

Muirdale Sanatorium deservedly enjoys a national reputation among first class sanatoriums in the United States. Its physical plant, business administration, and professional care of patients are excellent. With the contemplated tuberculosis division in the new County Hospital, Milwaukee County will be able to amply provide hospitalization for its tuberculous people without delay.

Recommendations

It is recommended that:

*1. Inasmuch as the rapidly increasing population of Negroes in Milwaukee portends an increasingly important reservoir of tuberculous infection, special emphasis be given to the prevention of overcrowding, unhygienic living conditions, and nutritional deficiencies, as well as the close supervision of known and potential cases of tuberculosis. Case-finding among the Negro population should include careful epidemiology as well as periodic mass chest X-ray survey.

2. An epidemiological study be made to determine, if possible, the reasons for the high fatality rate of men in the middle and older age groups.

3. Special efforts be made to increase the number of cases reported by physicians in private practice. Routine tuberculin testing of children, and routine chest X-ray of private patients with respiratory ailments would be important case-finding procedures if they were to be universally adopted as **routine** by practicing physicians.

4. Tabulation of basic data regarding over 50,000 persons whose 70mm films were found to be negative during the 1947 mass X-ray survey be completed as soon as possible in order to evaluate the total results of that survey.

5. Two full-time X-ray technicians and one full-time clerk be assigned to each of the 70mm chest X-ray units in order that they may be operated continously and simultaneously. A fully qualified and experienced health educator should be added to the staff to make preliminary arrangements for survey of groups of the population and to direct all activities in the mass X-ray program.

*6. A fully qualified physician with training and experience in tuberculosis and public health be appointed as Tuberculosis Control Officer. The need for close coordination of the city and county activities in tuberculosis control has been recognized by the officials of both city and county. The control officer should be given authority for the promotion, promulgation, and direction of all activities of official agencies of both city and county insofar as they relate to the tuberculosis control program as a whole. It is doubtful that a well qualified control officer would be attracted by the salary ranges now offered. Security of tenure of office should be established so that a complete long-range program can be developed and carried out.

7. Medical supervision given to children at the Gaenslen School for children with orthopedic and cardiac defects, and to children in "better health rooms" in other schools, now being carried out by clinicians of the Tuberculosis Control Center be assumed by the general school medical service or by specialists in the particular medical fields in which the children are classified. These services should not be construed as making any material contributions to the tuberculosis control program.

8. The staff of the Tuberculosis Control Division of the Milwaukee Health Department and the Tuberculosis Control Center be augmented by the addition of a trained, experienced record analyst to assume charge of the tuberculosis case register and other records. This record analyst should gather necessary detailed statistical data for current knowledge and evaluation of the program.

9. There is need for a receptionist to expedite the handling of patients and visitors at the Tuberculosis Control Center. Considerable time of clerks and stenographers could be saved by the use of mechanical dictation equipment by the physicians of the staff.

*10. There is need for an adequate medical social service department at Muirdale Sanatorium. The staff of such a department should consist of one director, one case supervisor, and five case workers.

*11. At least from the standpoint of the tuberculosis control, and undoubtedly in other fields of public health, one health department with jurisdiction over the entire county, including the City of Milwaukee, would have a great many advantages. Such a department would provide the needed coordination of all public health activities with those of tuberculosis control.

D. Rehabilitation

The size of the task in the Milwaukee area is such as to stagger one's imagination. The National Health Assembly in 1948 estimated that one out of every six or seven persons in the United States has some form of physical or mental defect. In a population of 850,000 this means from 131,000 to 141,000 potential candidates for restorative service. It would be unsafe to hazard a guess as to how many of these might eventually become actual cases requiring this service. However, a compilation of Milwaukee Workmen's Compensation statistics in 1947 by the Industrial Commission of Wisconsin reported 12,232 injuries alone, approximately 9,500 of which were such as to require restorative service of a physical and/or occupational therapy nature.

According to information secured by questionnaire, restorative service in 1948 was rendered to about 9,000 patients by thirteen hospitals and other agencies in Milwaukee, thus approximately equaling the case load from injuries alone without touching the reservoir of cases in the 131,000 to 141,000 potential candidates for this service. The job, though large, is not hopeless and much salvaging is readily possible.

Facilities for restorative service are centered in thirteen hospitals, the Curative Workshop, and Goodwill Industries. The extent, nature, and

quality of service vary in each institution from poor to reasonably adequate. The most striking deficiency is lack of medical social service. Ten of the thirteen hospitals included in this part of the Survey report none.

The Curative Workshop is the hub of the outpatient type of restorative services in this community. Two important deficiencies in the regular staff, however, exist; namely, a consulting and supervising physician and a medical social worker. It is further suggested that the program of the Curative Workshop be expanded to take over the home visits now being made by the physical therapist of the Visiting Nurse Association.

There is no sheltered workshop for handicapped persons in the true sense of the term. The Goodwill Industries is the nearest approach to this important need. It is pointed out, however, that the one prime consideration is the patient rather than the products of merchandise. Handicapped persons cannot be expected to compete with able bodied workers; hence the sheltered workshop should not expect to be self-supporting. Though the Goodwill Industries does not now fulfill these concepts, its physical plant might well be adopted to the development of a sheltered workshop.

That the agencies engaged in restorative service already recognize many of the shortcomings is illustrated by suggestions received from twelve of them specifying principal deficiencies:

1. A sheltered workshop in its fullest concept.

2. Education of employers regarding employment possibilities of handicapped persons.

3. Psychiatric treatment to a greater extent than available at this time.

4. Augmented observation and outpatient services for mental patients.

5. A better referral system to insure referral to the agency which can best provide the services needed.

6. More vocational training facilities for the deaf and hard-of-hearing.

7. Fundamental academic training for illiterates or those with low school grade attainment.

8. Funds for the State-Federal vocational rehabilitation program.

9. More adequate diagnostic, testing, and training facilities to cope with the problems of the blind and/or visually disabled.

10. More adequate means of providing transportation to places of employment for the handicapped.

11. An improved method of earlier referral of handicapped cases.

12. Extension of the highest quality of educational, vocational, and psychological counseling personnel.

13. More flexible and varied training programs especially designed to meet the needs of the handicapped person.

14. More effective cooperation between all agencies dealing with handicapped persons.

The report strongly urges more emphasis in the medical schools upon training in physical medicine and internships and residencies in this field after graduation.

Among the most valuable items is the suggestion that there be established a convalescent center supported cooperatively by all the hospitals and the community, or possibly by a foundation.

Recommendations

It is recommended that:

*1. A central body be established where the activities of all the agencies can be coordinated and where all information regarding their available services can be furnished to any inquirer. This could profitably be located either in the Community Welfare Council or the Medical Society. A liaison officer from the City Health Department would be advisable. This would further a closer interagency liaison and referral system for the benefit of both client and physician to assure referral to the proper agency to meet the specific needs of the patient.

*2. A sheltered workshop be developed in the fullest sense.

*3. A medical director be included on the staff of the Curative Workshop.

*4. A medical social worker be included on the staff of the Curative Workshop.

*5. The Curative Workshop take over from the Visiting Nurse Association the home visits made by the physical therapists.

6. Serious consideration be given to providing a medical soical worker to every agency requiring one.

7. Industry become acquainted with the possibilities in employing some handicapped workers in jobs suitable to their capabilities.

8. No agency commence expanding beyond its ability to handle an increased case load until a numerically adequate, fully trained professional staff can be employed.

9. Physical therapy and occupational therapy be developed at certain hospitals. (See Hospital Chart as a guide.)

10. Serious consideration be given to the advisability of having a medical man acquainted with restorative methods in charge at every hospital where such services are available.

11. The possibility of training physicians in physical medicine be taken up with the Marquette Medical School and certain hospitals; then residencies be established in physical medicine and the possibilities of establishing a school of physical therapy be explored.

*12. Serious consideration be given the question of establishing a convalescent center.

*13. A long-range plan be made on lines recommended having in mind the provision of adequate funds, personnel, and space and the avoiding of overexpansion lest forced retraction nullify any advantages gained.

The following charts show the rehabilitation staffs and services of hospitals and agencies.

CHART C

HOSPITALS

HOSPITALS General Medical and Surgical	BEDS	PHYSICAL THERAPY				OCCUPATIONAL THERAPY					IN CHARGE OF DR. OR PHYSIATRIST	MED. SOC. WKRS.	PSYCH. SOC. WKRS.	PSY-CHIA-TRIST	EXPANSION PLANS	REFER PATIENTS TO ?
		THERAPISTS	TRAINING	DAILY LOAD	EQUIPMENT	THERAPISTS	TRAINING	DAILY LOAD	FUNCTIONAL OR DIVERSIONAL	EQUIPMENT						
1 COLUMBIA	150	3	Approved School	30 - 40	3 Infra; 1 U.V. 2 S.W. Diathermy 1 Muscle Stimulator Fair Gymnasium Hubbard Tank Whirlpool - Paraffin Bath	0	0	0	0	0	Doctor	0	0	0	Yes Building P.T. & O.T.	Doctor's Responsibility
2. MOUNT SINAI	175	1	Masseuse Not a P.T. Experience and Proper Training	13	2 Infra - 3 Radiant - 5 U.V. 2 S.W. Daithermy 1 Rhythmic Constrictor & L.V. Stimulator Good Gymnasium Hubbard Tank - Whirlpools 1 A. & L. Paraffin Bath - Contrast Baths	1	Approv. School	15	Both	Bike - Thera. & Treadle & 3 Cycle Floor & Table Loom 4 Braid Weave Loom Wood Working Tools Minor Craft Equipment Posture Mirror	No	1	0	2 Part time	No Dept't. is Big Enough to do x 4 Load - Will Add Therapists S.O.S.	Yes As and Where Indicated
3. ST. LUKE'S	135	2	Approved School	18	Radiant Heat Lamps S.W. Diathermy & MicroWave Diathermy Electric Stimulation Machine Whirlpool Bath Paraffin Bath Gym - Weights, 11 Bars Ladder; Bicycle - Sh. Wheel - Pulley Weights	1	Approv. School	3	Both	?	Yes Physiatrist	0	0	0	Yes Expansion Plans Call For Complete Rehabilitation Service	Yes As and Where Needed
4. ST. MARY'S	210	1	R.N. With Special Training in P.T.	3 (1 Yr. 662)	5 Infra Red Lamps 1 U.V. 1 S.W. Diathermy 1 Pavex Boot	0	-	-	-	0	No	0	0	0	Not At Present	Doctor's Job
5. WEST SIDE	35	0	Treatment Given by Floor Nurse	3	1 Diathermy Whirlpool Bath	0	-	-	-	0	No	0	0	0	Plan Larger O.P.D.	Curative Workshop
6. ST. JOSEPH'S	350	2 Aides	?	20	6 Zoalite; 10 Baker Lites (?) 3 U.V. 4 S.W. Diathermy 1 Pavex Boot 1 Whirlpool 1 Paraffin Bath	0	-	-	-	0	No	0	0	0	No	No
7. ST. MICHAEL'S	135	1	0	6	5 Infra Red 1 U.V. 1 S.W. Diathermy Whirlpool, Arm and Leg Meager Gymnasium	0	-	-	-	0	No	2	0	0	If & When Planned Will Have Larger O.P.D. & P.T. Dept's	Doctor's Job
8. MILWAUKEE COUNTY	950	5 1- RN 4- Ok	Approved School	60	S.W. & MicroWave Diathermy Musc. & Nerve. Test & Stimulate Fever Cabinet Good Gymnasium Whirlpools, Kenny Hot Pack Paraffin	1	Approv. School	20-30	Both	?	Yes Physiatrist	3 Welfare Workers 6	1	0 Visiting Only	Complete P.T. & O.T. & Rehabil. Planned in Expansion	Yes As Needed
9. ST. ANTHONY'S	111	0	-	-	2 S.W. Diathermy 1 U.V. 1 Infra Red	0	-	-	-	0	No	0	0	2 Consultants	Med.& Surg. Units Pediatric Unit Ch. 111 Colored Children ? O.T. No Plans On P.T.	Yes By M.D. As Needed
10. MILWAUKEE HOSPITAL	298	3	Registered	42	3 S.W. Diathermy 1 Whirlpool Gymnasium "VariousExercisers"!	0	-	-	-	0	M.D. General Supervis.	0	0	0	Yes General	Yes As Needed
11. DEACONESS	135	0	-	-	0	0	-	-	-	0	No	0	0	0	In 2 Yrs. Add P.T.	No
12. MERCY	50	0	-	-	0	0	-	-	-	0	No	0	0	0	0	No
13. MISERICORDIA	114	0	-	-	0	0	-	-	-	0	No	0	0	0	-	No
BEDS	2848															

CHART D

AGENCIES

AGENCIES	CASES ACCEPTED 1948	CAN TAKE CARE OF A YEAR	DAILY LOAD 1948	CAPACITY OF DAILY LOAD	PROFESSIONAL STAFF: COUNSELOR PSYCHOLOGIST	PROFESSIONAL STAFF: O.T.	PROFESSIONAL STAFF: P.T.	PROFESSIONAL STAFF: SOCIAL SERVICE	PROFESSIONAL STAFF: NURSE	PROFESSIONAL STAFF: PHYSICIAN	PROFESSIONAL STAFF: OTHER	SERVICES PROVIDED: COUNSEL. TESTING SPEECH	SERVICES PROVIDED: P.T. AND O.T. EQUIPMENT	SERVICES PROVIDED: PROSTHESIS TRAINING OTHER TRAINING	SERVICES PROVIDED: SPECIAL TRAINING	SERVICES PROVIDED: JOB PLACEMENT M.D. CONSULT'NTS	SERVICES PROVIDED: SPECIAL EQUIPMENT	SERVICES PROVIDED: HOME CARE	SERVICES PROVIDED: REFER TO ANY OR ALL OTHER AGENCIES	TYPES OF CASES TAKEN	REQUIREMENTS FOR ACCEPTANCE OF CASE	SOURCES OF REFERRAL
1. CURATIVE WORK SHOP	2047		150	AFTER JULY 225	0 REFER OTHER AGENCY	6 to 2	9	REFER	4 P.T. IS ARE 2½ PRACT'L	NO MED SOC. & L.M.D.	1 SPEECH THER'IST	REFER YES	COMPLETE	YES HEARING	CER. PALSY PARAPLEGICS	REFER NO	POOL & HUBBARD TANK	YES	YES	NOT •	L.M.D. REFER WHO CAN BE HELPED	L.M.D. OTHER AGENCY HOSPITAL
2. DIV. FOR BLIND, STATE DEPARTMENT PUBLIC WELFARE	18	18			1 PART TIME					EYE PART TIME					INDIVIDUAL FOR BLIND	YES EYE-PART TIME		YES	YES	BLIND	16 AGE RESI-DENCE	DITTO
3. GOODWILL INDUSTRIES	80		131	150	1	1	0	1		YES PART TIME	SPECIAL TEACH'S SPEECH	1-2-3 YES	SLIGHT	YES	YES	YES	YES	YES	YES	ALL •	MILW. CO. & SOME OTHERS	DITTO
4. JEWISH VOCATIONAL SERVICE	862	1000	25	25	SAME 5 PART 2			1		1 PSYCH. PART TIME		1 & 2 YES				ONLY YES IF OTHER AGENCY ASKS			YES	ALL •	ANYBODY NEEDING IT	DITTO
5. MILWAUKEE CO. GUIDANCE CLINIC	1288	1300			3			5 PSYCH. S.S.W.		PSYCH. 2 & 1PART		2 YES		PSYCHIATRIC TESTING AND GUIDANCE ONLY					YES	MENTALLY ILL	MILW. CO. UNABLE TO PAY	DITTO COURTS ETC.
6. MILWAUKEE HEARING SOCIETY	465	300	2	2				1			3 TEACHERS	1-2-3 YES	RECREA-TION "CLUB"	LIP READING	USE OF HEARING AIDS	HELP O.V. YES R.			YES	HARD OF HEARING ONLY	ANYBODY NEEDING IT	DITTO
7. MILWAUKEE HEARING REHABILITATION CLINIC	416 TO 780	?	8 - 15 A WEEK							2 CONSUL-TANTS EAR		FOR EXAMINATION AND ADVICE ONLY					2 AUDIO-METER TECHNI.		YES	DEAF	ANYBODY NEEDING IT	DITTO
8. MILWAUKEE PSYCHIATRIC SERVICES	186	186			1			1 PSY. S.S.W.		PSYCH.		2 & 3 YES								MENTALLY ILL	FROM ANY AGENCY	DITTO
9. STATE WISCONSIN VOCATIONAL AND ADULT EDUCATION (O.V.R.)	665	1000			6			1 PART TIME		1 PART TIME		1 & 2 YES			ALL SERVICES ARE BOUGHT					ALL •	ANYBODY NEEDING 16 +	DITTO (in Wisc)
10. SPEECH CLINIC & HEARING LAB. MARQUETTE UNIVERSITY	1259	2000 ?	1000 A SEMESTER		1 CONSUL-TANT					3 SPEECH THERAPISTS EAR DR. UNDER GRADS. 34					SPEECH THERAPY LIP R.				YES	SPEECH & CER. PALSY	ANYBODY NEEDING IT	DITTO
11. WISCONSIN STATE EMPLOYMENT SERVICE	1500	650	20	30	3 2 PART							1 & 2 YES				YES			YES	ALL •	ANYBODY NEEDING IT	DITTO
12. MILWAUKEE VOCATIONAL AND ADULT SCHOOLS					5 + 2			YES 1 1			SOME 250 TEACHERS	1 & 2 YES			AS NEEDED	YES	ALL KINDS MANUAL ARTS, ETC.		TO STATE REHAB. OR WHERE NEEDED	SCHOOLING 16 & OVER		

*SEE LIST NEXT PAGE

XI. Environmental Sanitation

A. Introduction to Environmental Sanitation

In this part of the study there were 14 different specialists who took part. The reports written were reviewed with great care by a committee of technical advisors under the chairmanship of Mr. L. F. Warrick, State Sanitary Engineer.

In summarizing these reports, a brief statement of the factual material gathered will be given under suitable headings, followed by the recommendations.

With few exceptions, transmissible diseases are a man-to-man affair — sometimes by person-to-person contact, and sometimes through an intervening medium, either animate or inanimate. It is with the intervening media that environmental sanitation is concerned. For example, water, milk, and other foods are the vehicles by which cholera, typhoid, and paratyphoid fevers, dysenteries, diphtheria, and other so-called "food poisonings" gain access to the human body. Likewise, numerous animal and insect hosts are involved in the transmission of human disease. Mosquitoes transmit yellow fever, encephalitis dangers, malaria, and filariasis. Certain fleas which live on rats and other rodents transmit bubonic plague and typhus fever; certain ticks transmit Rocky Mountain spotted fever, tularemia, and relapsing fever; and numerous other combinations of animal host and insect or protozoan victors could be cited as agents involved in the spread of disease from man to man. Even chemical and physical factors in human environment contribute to disease. Lack of iodine in the food, water, or intake causes endemic goitre; lack of fluorine predisposes to dental decay, and too much causes mottled enamel; lead poisoning, silicosis, irradiation poisoning, and various gaseous intoxications result from industrial exposures. In the physical field, improper illumination, heating, ventilation, low or high air pressures, shock, excessive noise, and vibrations are all factors of environment which are detrimental to health.

The cure for environmental ills is exceedingly simple in principle — do away with the cause or break the chain of transmission. For example, malaria may be eliminated by either destroying the breeding of anopheline mosquitoes, by destroying the adult mosquitoes, or by exclusion of infected mosquitoes from the non-infected person. Breaking the chain at any one of the foregoing links will accomplish this purpose. And so it is with all other diseases of environmental origin.

Little as the general public may know or suspect, the most monumental public health achievements of all time have resulted from environmental sanitation. To this we owe the conquest of cholera, yellow fever, plague, typhus fever, malaria, and other major scourges of the public's health. Most of these have been so long gone from modern civilization that their very names have faded into antiquity, but to our forefathers in this very same locality they were stark realities to be contemplated only with terror.

The popular conception of environmental sanitation regards it essentially as an esthetic factor rather than a vital force for the prevention of disease. Unsightly collections of refuse and offensive odors are the uppermost concepts of sanitation in the public mind. Actually, sights and smells do not cause sickness, so that effort spent upon them is, from a public health standpoint, largely non-productive. But where in all the field of public health do we find such opportunities for wholesale health protection as in the sanitary controls which govern the safety of a water supply for a large city such as Milwaukee? Sanitation is, indeed, a vital force in any community for the protection of health, as well as in improving esthetic appearances, but the public interest should be focused more on the relative values of its various aspects.

Generally speaking, environmental sanitation deals with community problems rather than individual cases. It is, therefore, specially adapted to governmental administration. In this area the agencies involved are:

State

1. The Wisconsin State Board of Health
2. The Wisconsin State Department of Agriculture

County

3. Milwaukee County Park Commission
4. Milwaukee County Regional Planning Department
5. Milwaukee County Smoke Control Department

Metropolitan

6. Sewerage Commission of Milwaukee County.
7. Sewerage Commission of the City of Milwaukee

City of Milwaukee

8. Department of Health
9. Public Works Department
10. Building Inspection and Safety Engineering
11. Housing Authority
12. Public School System

Similar governmental agencies are involved in other municipalities.

The scope of environmental investigations included in the Survey is indicated by the following items:

1. Water Resources
   a. Lake Michigan
   b. Ground Water
2. Public Water Supplies, exclusive of the City of Milwaukee.
3. Stream Pollution and Sewage Disposal
4. Swimming Pools and Bathing Beaches
5. Refuse Collection and Disposal
6. Rat Infestation and Control
7. Milk Sanitation
8. Industrial Hygiene
9. General Sanitation
10. Atmospheric Pollution
11. Housing
12. Functional Governmental Relationship

Due to the unavailability of personnel at the time of the Survey, the very important problem of the sanitary preparation, storage, and dispensing of foods was not carried in the report, except as regards the hospitals.

B. Public Water Supplies

With the advancement of civilization a vicious chain of circumstances has been created. The aborigines could drink freely from springs and streams in comparative safety because the waters were either not contaminated from human sources, or the contamination was in such dilution as to be negligible. In this country the coming of the white man has changed the picture. First, there has been the increasing concentration of population which has placed excessive contamination loads upon surface waters from surface run-off, and second, water-carried sewerage, another product of civilization, has literally deluged the surface water supplies with human filth in raw and concentrated form.

The evil influence of civilization upon water purity has even extended to ground water supplies. Open wells and springs are the most vulnerable because contamination can give access to them directly with ease, but even drilled and cased wells may be affected by seepage along the casing or by contamination reaching the water bearing strata through fissured rock.

Perhaps no single item of public health procedure has been as productive of health dividends as has the purification of water supplies. In Milwaukee County the public water supplies are the following:

Using Lake Michigan water:

1. Milwaukee
2. Cudahy
3. South Milwaukee
4. Carrollville

Using ground water:

1. City of Wauwatosa
2. Town of Lake
3. Sanitary Districts of Brobson Manor and Bluemound
4. Miscellaneous Cooperatives

Lake Supplies

Of all the foregoing, the water supply of Milwaukee is by far the largest and most interesting. For reasons of public policy, however, the Survey was not permitted to make a definitive study of the plant and its operations. There was fear that information about the Milwaukee Water System might be misused to the financial disadvantage of the city. Although a report based upon public records was made, it has been withheld from circulation, as there was no original investigation by the Survey staff.

Cudahy. — The original 14-inch intake and the pumping plant were built by the Cudahy Packing Plant and placed in operation in 1895. The present intake is through a 24-inch line from a submerged crib 2,800 feet from the shore. Chlorination was instituted near the beginning of the present century and has continued to be the only treatment. Even the method employed in applying chlorine is questionable, as are also the data relative to chlorine residuals in samples tested twice daily at the packing plant. The monthly reports show figures ranging between .2 and .25 p.p.m[1], which, to say the least, is an amazing uniformity, in the face of great and sudden variations in the character of raw water. Seven of the 23 samples of treated water in 1946 were shown to be unsafe by state laboratory examination. No samples were sent out in 1947. From the evidences of equipment and methods of operation, too intricate to review in detail, the water supply does not measure up to potable standards, and is considered hazardous.

South Milwaukee. — The intake is through a cast iron pipe 24 inches in diameter, extending 3,000 feet into the lake. The rated capacity of the plant is 25 million gallons per day, which corresponds with the filter capacity of 2 gallons per square foot per minute. While the average remains within capacity limits, the filters become overtaxed during the summer, as shown by the average daily rate of 28 million gallons per day during August, 1948.

The plant was built in 1912, utilizing coagulation, settling, filtration, and chlorination. The services of a trained operator are lacking. Chlorine residual tests are said to be done three time per day, but no chlorine demand or any other tests on raw water are made. Whereas the records showed the astounding uniformity of .2 p.p.m. of residual chlorine, actual examination showed only .05 p.p.m. There was apparently no conception of the significance of chlorine demand determinations.

The detention time of water for contact with chemicals and for coagulation and settling were both far below the desirable levels, and chlorine dosage was approximately half the amount needed to maintain the proper residual. While the bacteriological samples of treated water were within acceptable limits, the physical and operational hazards in the plant are such that the examinations are no guarantee of safety.

The South Milwaukee water treatment plant is potentially hazardous. Being antiquated, it is considered to have outlived its usefulness.

Carrollville. — The water works is owned and operated by the U. S. Glue Division of the Peter Cooper Corporation. It is essentially an industrial supply, but it also serves the homes of plant workers, the total population being about 300. Water is brought in through 3,000-foot pipe, 30 inches in diameter. Treatment is by pressure filtration and chlorination. The combined capacity of the 14 filter units is 3,500,000 gallons per day. The dilapidated chlorinator, rated at 40 pounds capacity per day, was connected to a 100-pound cylinder, but there was no scale to determine the rate of exhaustion. Chlorine dosage was kept at or below .1 p.p.m. instead of the standard .2 p.p.m., in order to avoid taste; the stress, therefore, being placed upon taste rather than the killing of bacteria. Two of the samples submitted to the state laboratory in 1947 and two of the twelve in 1948 were unsatisfactory.

Due to the lack of proper equipment and methods, and the lack of technically adequate operational control, the plant is not suitable for the production of water for domestic use.

Future planning for the entire southern portion of the county should recognize that eventually the water supply must come from Lake Michigan. The three plants in that area now taking water from the lake are either imminently dangerous, or by reason of equipment operation or other causes, are unsuited for the purposes intended. The logical development, therefore, is the construction of one modern water plant to serve the three areas of Cudahy, South Milwaukee, and Carrollville and the territories adjacent to them. Such a plant should also be designed for expansion to serve the entire southern portion of the county. This demand should not be far off as the population is expanding rapidly in that direction. There is, of course, no reason why such a plant should not become a unit of the Milwaukee system.

Ground Supplies

City of Wauwatosa. — The first well was drilled in 1898. There are now eight wells, the latest of which was

[1]p.p.m. means parts per million.

equipped in February 1949. The depths of wells range from 1660 feet to 1804 feet. All are cased to the deep limestone structure, but only No. 8 is grouted with cement to exclude seepage along the casing. Well No. 2 is scheduled for abandonment. During 1948 the combined pumpage ranged from 43 gallons per capita per day in January to 220 in August.

The total hardness of the water runs from 360 p.p.m. to 460 p.p.m. as compared with the desirable limit of 150 p.p.m. The iron content also runs much above the accepted limit, and in two wells the total solids are above normal.

Only occasional samples have shown evidence of contamination, but the samples taken are too few to warrant any conclusions as to the bacteriological quality of the water. Chlorination is not employed.

In view of the dangers associated with ground water supplies in this region, the unchlorinated supply used in Wauwatosa must be regarded with suspicion, if not regarded as definitely hazardous.

Town of Lake. — The system is supplied by two deep wells, one of which is not in use, and serves 80 percent of the population. The remainder of the population continues to use private wells. The monthly average pumpage in 1948 was 59 gallons per capita, and the maximum was 95. There is no treatment except in a zeolite softening plant. Bacteriological examination of samples in both 1947 and 1948 showed contamination above allowable limits, with increases in all categories.

For the immediate future, chlorination should be adopted. In long-range planning, the Town of Lake should be included in any project that would develop a modern water treatment plant in that area, using water from Lake Michigan as the source of supply.

Greendale. — The water plant installations consist of two deep wells, two pumping stations, and a zeolite water softening plant, all designed to serve a population of 5,000 as compared with an existing population of about 2,800. The wells are constructed, cased, and grouted in accordance with state requirements. The monthly average pumpage in 1948 was 57 gallons per day at the minimum and 125 maximum. The bacterial content of the water from April, 1947 to February, 1949 was within the accepted limits. No treatment other than softening is applied. The location of the wells with respect to the contaminating influence of industrial wells and the cone of depression in the deep water bearing strata, render them relatively safe for the present. Chlorination, however, should be considered as an additional factor of safety.

Other public or quasi-public water supplies are those of the Sanitary Districts of Broson Manor and Bluemound, and miscellaneous cooperatives. Sufficient information as to well construction to judge the ability of these supplies to produce a suitable quality of water was not obtainable. It is known, however, that in no instance is the production and distribution of water under adequate supervision.

C. Ground Water Supplies

For domestic purposes the two essential factors in ground water supplies are (1) permanence and (2) safety. In the Milwaukee area both of these are in danger.

In pioneer days ground water was apparently inexhaustible; it was also relatively free from hazards to health, but that was before the coming of large population concentrations and before the machine age.

All conceptions of the safety of water from a health standpoint start from the premise that all natural waters in this region of the world are free from danger until contaminated from human sources; hence the increasing hazards with greater population concentrations. But the question that at once arises is, "How can water coming from great depths in the earth receive human contamination?"

There are two answers to this question: (1) that this area is underlaid by fissured limestone strata, so that any surface contamination gaining access to the limestone strata may travel along the strata until a fissure is reached through which it may eventually gain access to the deeper water bearing structures; (2) that contamination may travel down along the outside of deep well casings which are not especially protected against this hazard. In either of these instances the danger is materially enhanced by heavy pumpage which lowers the ground water levels and creates a downward draft to any surface contamination.

Strange as it may seem, the permanence of ground water supplies in this area is being threatened. Seasonal variations are well recognized, and the rapid rise after spring thaws clearly indicates that surface waters reach the ground water reservoirs promptly and in appreciable amounts.

According to the deep well survey made in 1945-46 by the Milwaukee County Regional Planning Department, the static ground water levels have receded from about 96 feet **above** the lake level prior to 1880, to about 63 feet **below** the lake level in 1945. The center of the cone of depression in the deeper aquifers in 1948 was observed to be 210 feet below the lake level. This rapid depletion is due much more to industrial uses of water than to domestic use, but the latter suffers all the hazards resulting therefrom. Eventually the entire county will have to resort to Lake Michigan for its water supply.

The survey located 112 deep wells which ranged from 961 to 2,100 feet. Eighty-four of these are now in use, and 28 have been abandoned, due perhaps in most instances to exhaustion.

Public water supplies are derived from ground waters in the following locations:

1. City of Wauwatosa
2. Town of Lake
3. Sanitary District of Broson Manor
4. Sanitary District of Blue Mound
5. Village of Greendale
6. Miscellaneous Cooperatives

In order to keep up with the water demands, it has been necessary in some instances to add more wells or to increase the pumpage, or both. In 1948 the Town of Lake pumpage was increased 25 percent over the previous year.

Any hole which pierces the deep structures is likely to be an avenue through which surface pollution may contaminate the water bearing strata. For this reason, since 1935, the State Department of Health has required that the area between well casing and the surrounding earth shall be filled with grout to exclude surface water.

In no instance is the sampling of water for bacteriological examination in accordance with standard practice. Samples which are collected and examined, however, have shown contamination in sufficient frequency to indicate the need for routine

chlorination of all ground waters used in public water supplies. This is further supported by the physical circumstances associated with well construction and the potentialities of contamination due to faulty well protection.

D. Deep Wells — Non-Public

Investigation was made of 18 deep wells in and about the City of Milwaukee. Except for the well at the Zoo, all were at industrial establishments. While it is true that water from them is used only in a few instances for drinking purposes, all deep wells in this area are of sanitary significance since they extend into the deep water bearing structures. Any contamination, therefore, which may affect a deep well, regardless of whether or not it is in use, endangers the entire water table from which water for domestic use may be drawn.

The report shows conclusively that such hazards exist in many instances, and that in general there has been very little attention directed to specific measures for protecting the deep water resources from possible contamination. Wells were found in close proximity to sewer lines; others offered the possibility of surface flooding; cross connections from potentially hazardous well supplies to the city water system were found; in many instances there was an absence of grouting around the casings to exclude surface seepage; and a number of abandoned wells were observed which had not been filled with cement or other suitable material. In no instance where water was used for drinking purposes was any form of treatment applied.

It is rather odd that the construction of deep wells is exempted from the control of the state well drilling regulations. This is obviously a serious omission.

E. Swimming Pools and Bathing Beaches

As in the case of domestic water, the health hazards associated with waters used for recreational bathing are due almost wholly from contamination of human origin. Consequently the number of bathers, the dilution factors, and the provisions for bactericidal treatment are among the most important elements in the proper management of swimming pools and bathing beaches. These items have been critically studied by sanitation authorities and the bounds of safety, for practical purposes, have been laid out. The specifications include both design, equipment, and operating methods. (See "Recommended Practice for Design, Equipment and Operation of Swimming Pools and Bathing Beaches," American Public Health Association.)

Since 1931 the State Department of Health has required registration of all pools and the submission of plans for new installations or changes in existing installations. At the present time there are 12 controlled bathing beaches in Milwaukee County and 51 public or quasi-public swimming pools. Other beaches at Fox Point, Shorewood, Whitefish Bay, and Cudahy are not controlled.

Ownership of swimming pools is divided as follows:

1. County Park Commission 8
2. Department of Bridges, City of Milwaukee 7
3. Board of Education 10
4. Institutions 9
5. Clubs 10
6. Other Municipalities 7

Bathing Beaches (ownership)

1. County Park Commission 7
2. Local Governmental Units (Fox Point, Shorewood, Whitefish Bay, and Cudahy) 5

Random selection of 27 swimming pools was made, and these were examined in accordance with the routine rating schedules approved by the American Public Health Association. The following tabulation represents the percentage of inspected pools which show the violations specified:

Violation	Percent
1. Lack of foot baths	81.5
2. Insufficient wash water	51.5
3. Excessive bathing load	51.5
4. Improper gauges on filter	48.1
5. Insufficent disinfection	40.7
6. Insufficent bacteriological examination	37.0
7. Improper application of chlorine	33.3
8. Improper suitable disinfection	29.6
9. Improper inspection of bathers	25.9
10. Improper handling of suits	25.9
11. Improper suits	18.5

From the standpoint of design the more serious violations were:

Violation	Percent
1. Insufficient filter area	73.5
2. Closed system unsatisfactory	58.8
3. Back siphonage possible	52.9
4. Improper method of make-up water	50.0
5. No sewage tank	47.1
6. Unsatisfactory drinking water dispenser	38.2
7. Improper disposal of wash water	35.3
8. Insufficient shower units	24.7
9. Unsatisfactory apparatus for disinfection	11.7

Bathing Beaches

From Whitefish Bay on south to Carrollville all of the beaches are more or less subjected to sewage contamination, sometimes much more severely than at others, depending upon wet weather by-passing of the sewage treatment plant and numerous other factors. A bacteriological study of six of these beaches from Fox Point to Grant Park, made by the Tri-State Survey of Bathing Beaches in 1948, showed all but one with bacteria content in excess of 1,000 per 100 cc. (the upper limit of safety for bathing beaches) in 2.8 percent to 37.8 percent of the 36 samples from each beach.

A considerable amount of improvement in the operation of swimming pools could undoubtedly be effected by better trained pool operators. To this end systematic in-service training would be very helpful. Reduction of bathing loads would also be of material assistance.

At the lake shore bathing beaches much benefit should be derived from improvements now in progress at the Jones Island Sewage Treatment Plant.

F. Sewage Collection and Disposal, and Water Pollution

The people of Milwaukee County have been unsually alert to the problems associated with sewage disposal. Sixty-nine percent of the land area is within the Metropolitan Sewerage District, 97½ percent of the total assessed valuation, and 94½ percent of the population. Research in sewage treatment has been unequaled or at least unsurpassed, and has yielded immense dividends both in financial savings and in efficiency. In spite of phenomenal

achievements, however, more remains to be done.

Aside from avoidance of noisome nuisances, the only reason for sewage treatment is to prevent excessive pollution of the water courses from which domestic water supplies are derived. While water treatment plants are capable of handling considerable quantities of pollution in raw water, as pollution loads become heavier, the equipment, skill, and cost of operation required are inordinately increased, as well as the hazards incident to possible temporary mechanical failure.

The report traces the pollution concentration in the several streams in the Milwaukee area, all of which eventually discharge into Lake Michigan, thereby affecting both the raw water for domestic use and the bathing beaches. It is shown that pollution of the streams converging toward the harbor is within reasonable limits until near the mouth of the combined rivers. Due to sluggish flow and heavy contamination, it becomes necessary at times to flush the outlets with fresh water through special tunnels from the lake to prevent excessive putrefaction. These measures, together with an efficient sewage treatment plant, are material aids in minimizing the pollution load.

When it is realized, however, that the Milwaukee Sewage Treatment Plant is designed for 154 million gallons per day and receives a normal flow of 138 million, with wet weather flows running so high that some sewage has to be by-passed, it should be clear that the plant is even now at times overtaxed and will inevitably become more so as the population served increases. The combined raw wastes from 756,550 persons have an oxygen demand comparable to that of raw sewage from 2,300,000 persons, from which it is seen that Milwaukee sewage is highly concentrated. Even though the degree of treatment is 95 percent complete, the actual amount of residual pollution together with that received from the rivers is a very important problem to be reckoned with, since the ultimate discharge is into the lake, close enough to the water supply intakes as to affect the bacterial content of the raw water reaching the water plant under certain circumstances. In substance, the harbor is a sewage lagoon discharging into the lake. The rate of discharge or the sewage dosage varies widely with such factors as prevailing winds, water currents, and storm water carrying with it by-passed raw sewage. Much more critical study should be made of these factors in the interest of safeguarding water supply intakes and bathing beaches, both in Milwaukee and in the suburban areas above and below Milwaukee.

Under normal circumstances the present plant at Jones Island is able to discharge the responsibility placed upon it, but factors of safety are being seriously taxed, both as regards treatment capacity and standby equipment. Additional sewage driers, for instance, would obviate the necessity of having to release raw sludge at times when drier units are out of commission for repair or cleaning. Chlorination of the effluent is suggested as an additional factor of safety.

Municipal and sanitary district sewage disposal works outside the Metropolitan Sewerage District, apparently function satisfactorily under normal operating conditions. The need for uniformity of local regulations in outlying municipalities, however, to correspond with those in effect in the Metropolitan District is stressed, particularly in view of the fact that the District may ultimately be extended to include the entire county.

Since the authority to investigate and correct stream pollution in the metropolitan district is granted to the County Park Commission, as well as to the Metropolitan Sewerage Commission, there is the possibility of overlapping and jurisdictional conflict unless effective liaison facilities are established and permitted to maintain close coordination between these two agencies.

G. Refuse Disposal

The problem of refuse disposal is older than recorded history. In fact, the accumulations of bones and discarded utensils and instruments at sites of former human habitations, have contributed much to the knowledge of prehistoric culture. In modern civilization it is recognized as a communal problem to be handled by local governmental agencies. The term "refuse" is all inclusive, signifying all forms of cast-off material, including garbage. It is the latter particularly that makes refuse collection and disposal a health problem.

The 18 local jurisdictions in Milwaukee County utilize a variety of methods for refuse disposal. Six dispose of garbage by incineration, nine by combined dumping of garbage and rubbish, two by home devices, and one has no service. Rubbish is dumped separately in nine communities. From the collection standpoint, the odd custom of removing ashes from basements is in vogue in nine communities, including the City of Milwaukee and all of the larger municipalities. Approximately 90 percent of the population throughout the county is eligible to receive this service. Undoubtedly this is a convenience which those served would not like to part with, but if they knew how much extra it is costing to maintain this service, it is questionable whether the majority would choose to pay for it. Moreover, those who have no ashes to remove are paying their proportionate share of this extra and unnecessary service.

Some of the incinerators now in use are in need of overhauling or replacement. Dumping also poses problems in some instances. Where no dump sites are locally available, they must be obtained in the territory of adjacent governmental units, which, sometimes gives rise to friction. Where combined dumping of garbage and rubbish is done, special care must be taken to cover the dump facings regularly and effectively to prevent rat harborage and breeding. This is best accomplished by the sanitary land fill method which is soon to be placed in operation to serve the City of Cudahy.

Considering the multiplicity of small units of government in Milwaukee County and the problems with which each one is faced separately in the collection and disposal of refuse, any plan which would simplify this problem, and produce better service at less cost, should appeal to all communities concerned. In the judgment of the investigators who prepared the report, these objectives could be accomplished by formation of sanitary districts, including two or more adjacent communities, for the purpose of setting up refuse collection and disposal facilities to serve all of the governmental units in each such district. The length of haul to disposal sites would automatically limit the number of units in a district.

In the City of Milwaukee refuse disposal requires the services of approximately 800 employees, with an annual payroll of approximately $2,000,000. Over 250,000 tons of gar-

bage, rubbish, and ashes are collected and disposed of annually from 125,000 premises in 8,000,000 visits.

The cost of collection per ton of garbage has been steadily rising as follows:

Cost per ton in 1940	$5.83
1943	8.06
1946	9.39
1947	10.88
1948	12.49

The major portion of the increased cost in recent years has been due to the increase in wages granted to city employees through the cost of living adjustment.

Four of the incinerators were built in 1910 and three in 1930, the total capacity being 525 tons per day. The average daily load is about 300 tons. Operation is efficient and free from objectionable odors. Of more imminent concern is the matter of dumping area for the incinerator residue and other non-combustible refuse. Some of the dump sites are almost filled, so that additional space may be required within a year or more. The purchasing of strategically located sites well in advance of actual need would be a wise procedure.

Certain needed improvements in methods and equipment are outlined by the report.

On the whole, the City of Milwaukee and the suburban areas generally have achieved a reputation for a cleanly and orderly appearance. Esthetically this is fine, but the report emphasizes refuse disposal as a health measure through the elimination of rat feeding and the breeding of rats and flies.

H. General Sanitation

In accordance with laws applicable to the whole state, the Wisconsin State Board of Health conducts inspections of hotels, barber and beauty shops, plumbing, and well drilling in the local area. It is recognized that the State Board of Health must maintain supervision over all sanitary functions, but where the local community is equipped to do such inspections as above indicated, the responsibility for this duty is best delegated to the local health department, with periodic check reviews from the state level.

Milwaukee. — The work is organized under what is known as the Bureau of Inspection, which comprises a variety of inspection functions as follows: milk, meat, foods, day nurseries, housing, rodent infestation, routine inspection of business establishments, and inspections in response to nuisance complaints.

The Bureau employs 38 men in addition to the Engineer Supervisor and two assistants. This list is further broken down as follows:

5 Quarantine officers

6 Housing inspectors

5 "Exterminators" on rodent control

21 General inspectors

1 Rooming house inspector

For inspection purposes the city is divided into 18 districts, with one inspector regularly assigned to each. The others are assigned as circumstances dictate. In 1947 general inspections and reinspections totaled 114,210[1]; written orders issued, 8,024; verbal orders, 8,266; complaints verified, 5,389; complaints not verified, 1,586. Of the total inspections, 13,557 were in connection with rat control; 16,844 related to the general cleanliness of streets, alleys, lots, and yards (in the general category of esthetic problems); and 12,883 were calls in connection with communicable diseases (principally quarantine).

Inspectors are deputized as police officers with powers of arrest, and certain ones wear police uniforms and badges similar to those of the police. They do not, however, carry any weapons for either offense or defense. In case of trouble, therefore, it would be necessary to call upon regular policemen. On general principles, the wearing of a uniform by a health department employee is not wise because it places the emphasis upon law enforcement rather than the educational approach.

A review of the organization and activities of the Bureau of Inspection raises a question as to whether the emphasis in all instances is properly placed.

Suburban Health Departments. — West Allis is the only city in this group which has full-time inspection service. One sanitarian devotes his whole time to milk sanitation, which involves six pasteurization plants and 700 dairy farms. The other sanitarian is engaged entirely in general sanitation. The statistical report indicates a wide range of activities, which seem to have been very effective insofar as orders are concerned. Of the 66 written orders issued, compliance was obtained in 62 instances; and 333 compliances resulted from 492 verbal orders.

Of the other suburban communities, only Cudahy and South Milwaukee employ one part-time inspector each. While the inspector in the former instance is a full-time employee of the city, only part of his time is devoted to the work of the health department. His work consists largely of nuisance control and general premise cleanliness. In South Milwaukee the sanitation service is essentially the same as that of Cudahy.

In substance, there are only two full-time sanitarians and two part-time in the entire suburban area representing approximately 170,000 population. The lack of technical training is an essential weakness. Even in the City Health Department of Milwaukee, more technical training is sorely needed. And, nowhere in the county are standard methods for milk inspection, restaurant inspection, or swimming pool inspection being utilized.

I. Atmospheric Pollution

In view of the great number of industries and the fact that soft coal is used extensively for these and for residential heating, it becomes obvious that Milwaukee has an atmospheric pollution problem of the first order. The relation of this problem to health is well illustrated by the well-known "smog" episode which occurred last year in Denora, Pennsylvania.

In March, 1948 the County Board of Supervisors took cognizance of the smoke problem and created a Department of Smoke Regulation, with authority extending to all sections of the county, thus relieving the Milwaukee City Department of Building Inspection of the responsibility for smoke abatement, and the issuance of installation permits. In June, 1948 a mechanical engineer, and later a chemical engineer as deputy, were employed to have charge of the program. Five inspectors with suitable background of experience have been employed and they work in assigned districts. It is estimated that at least 15 are needed. It is anticipated that the

[1]These figures do not include milk, meat, or food inspections, which are discussed in other sections of this report.

full number will be employed as soon as they can be recruited and trained.

The work of the inspectors is largely educational, though they are clothed with enforcement authority. Another important duty of the Department is the review and guidance of plans for smoke control and the issuance of Certificates of Operation. The coverage of this function is said to be highly inadequate.

Although the Department has authority over all types of air pollution, activities are thus far limited to Smoke Control. As this Department is in its infancy, judgment cannot be passed upon the efficiency of its performance.

J. Rat Infestation and Rodent Control

The most serious rat-borne diseases — endemic typhus fever, infectious jaundice, rat-bite fever, and bubonic plague — are not encountered in the Milwaukee area. There is always, however, the possibility of their occurrence. Physical or traumatic damage resulting from rat bites in infants is not an uncommon experience. But the most common hazard to health in this area is the contamination of food with rat excreta giving rise to acute intestinal disorders, sometimes called "food poisoning." Another urgent need for rodent control in this region, however, is for protection against economic loss from human food contamination and food consumption, including cereal grains.

In Milwaukee sporadic poisoning campaigns were pursued up to 1942, when it became apparent that in spite of them, the rat population was steadily increasing. At that time an ordinance was adopted "relating to the extermination of rats, the elimination of rat harborages, and the rat proofing of such places." The enforcement of this ordinance became a function of the City Health Department. All of the 21 inspectors on general sanitation include rat infestation in their routine inspections. In addition, there are five men who devote their full time to this service and are known as "Exterminators."

While poisoning procedures continue as an important cog in the machinery for control, the emphasis is being switched more and more to "starving out" methods of which rat exclusion from buildings is the most important. In 1947 the following kinds and amounts of poisons were distributed:

Poisons

Antu	259 lbs.
Calcium Cyanide	134 lbs.
Red Squill	386 lbs.

Poisoned Bait Materials

Candy	150 lbs.
Corn Meal	200 lbs.
Flour	100 lbs.
Meat	3,300 lbs.
Scratch feed	200 lbs.

Of the 27 court cases filed, it is notable that only one was dismissed. Seven resulted in fines, seven in suspended sentence with costs, and 12 in suspended sentence without costs.

On the whole, rat infestation is not heavy in Milwaukee. In order to carry out systematic survey and to apply control measures in localized areas, however, it is estimated that an additional inspector is needed in the northern district, two in the central district, and one for a period of one year in the southern district.

In West Allis no evidence of rat infestation was discovered at the time of investigation. Garbage storage, collection, and incineration were such as to provide very little food for rats.

The City of Cudahy has evidently been troubled with rats for some time, since there was passed in 1944 an ordinance "To Exterminate the Rat Menace," which is modeled after the Milwaukee ordinance. There has been little effort, however, toward enforcement. Garbage and rubbish are separated for collection, but are dumped together in an open-faced dump which is highly infested with rats. Plans have been made for correcting this condition by use of a sanitary landfill project.

The situation in South Milwaukee is similar to that of Cudahy, except that an incinerator is used for garbage disposal instead of an open dump. An undue accumulation of garbage was noted in the alleys, which, if continued, will rapidly stimulate rat propagation.

K. Housing

An appreciation of the relationship between housing and health is nothing new. In fact, before the advent of scientific knowledge of disease, stress upon this factor was often overdone, as at times when buildings that had housed contagious disease were destroyed by fire on the theory that a house may become so seeded with disease as to be beyond reclamation. Milwaukee has been acutely conscious of housing as related to health, but in a more rational manner. It is one of the few cities in this country that has attempted a systematic study of this problem. The City Health Department maintains a force of five inspectors and one supervisor who devote their full time to this work. The housing survey is, therefore, a continuous activity which is guided by standard procedure recommended by the American Public Health Association. By utilizing certain well-known elements of blight, the degree of blight may be assessed for the areas studied, and this in turn forms a reliable guide to community planning.

From 1945 to 1949, six different estimates of housing shortage in Milwaukee have been made by as many different agencies. They range from 16,526 to 24,000, with 17,500 being a conservative mean.

A splendid summary statement relative to housing needs was issued by the Milwaukee Journal on February 5, 1949. The findings were based upon shortages indicated by (a) double-up families; (b) temporary housing units; (c) Red Cross applications; and (d) vacancy rates.

The total estimated needed units for the county were placed at 17,500. Some of the amplifying comments are quoted as follows:

"1. So long as Milwaukee County continues to grow at the rate of 5,000 families per year, as it has in the past nine years, several thousand housing units will be needed each year, in addition to those needed to overcome the shortage of 17,500 homes which have been built up through the depression years and the war years. The increase in families during the past three years has exceeded the increase in housing units in the county, with the result that the shortage has remained at practically the same level.

"2. A number of persons working in Milwaukee County are now living in distant areas because of the shortage of homes in the county. Since these persons are not included in the county family estimate, their numbers would add further to the shortage indicated, in proportion to the

number who might prefer to live closer to their work.

"3. In addition to the homes needed to overcome the present shortage and to supply the needs of the normal increase in families, there is also need for additional homes to replace demolitions which have been practically halted during the past few years. More than 50,000 dwelling units in Milwaukee County are more than fifty years old, according to the 1940 Census. Some 20,000 units are sixty to ninety years old."

Since adequate studies have already been made or are in progress relative to specific housing units, it was not deemed necessary for the this Health and Welfare Survey to engage in this phase of investigation, except to say that the studies of the Health Department are well conceived and executed.

L. Trailer Camps

In a metropolitan industrial area such as Milwaukee County it is inevitable that there be a considerable number of persons who by choice or necessity must live in temporary housing units. Especially is this true in the presence of an acute shortage of permanent housing units. While temporary units cannot be expected to afford all of the domestic conveniences that are obtainable in fixed homes, those which are essential to the protection of health should be made mandatory.

Temporary housing in this area is somewhat of a no-man's-land, insofar as standard requirements are concerned. The State Board of Health has no basic specifications having the force and effect of law as to location, equipment, water supply, waste disposal, or operational procedures, except wartime emergency regulations applicable only to areas declared by the Board to be engaged in defense activities. Such regulations as are applied are by local ordinances which are not necessarily complete or uniform. The county ordinance is deficient in many respects, there being no requirements as to the proportion of sanitary facilities to the units to be served.

The Survey records 21 trailer camps in Milwaukee County. Five of these, with a total capacity of 884 units are owned and operated by the County; nine of the privately owned camps have a capacity of 559; the capacity of the seven remaining private camps is not stated.

On the whole, the sanitary facilities of the County owned camps are good. All use water from approved public sources, and all discharge sewage into the metropolitan system. The proportion of toilets, bathing facilities, laundry facilities, etc., though of a communal nature, are reasonably adequate.

On the privately owned camps, however, the score is not so good. The general conclusion with respect to these camps is summed up in one word — unsatisfactory. Complaints addressed to the State Board of Health have employed such terms as "overcrowded," "filthy," "rat infested," "lack of privacy," "pig-pen," "poor drainage," "one toilet for both sexes," "no water," and "unhealthful." Investigations of complaints and routine surveys have generally confirmed the validity of the above complaints. In some instances there are no urinals; toilets average one to twenty-five trailers, which is about one-third of the desirable minimum; lavatory facilities are as meager as one to seventy trailers, with an average of approximately one to twenty; well water supplies of pit construction are in existence in some camps; and sewage and garbage disposal leave much to be desired.

It is not intended to convey the impression that the deficiencies above cited are common to all. It is, however, a fact that they are all too general. There is a crying need for local sanitary supervision which is practically non-existent in the suburban areas, but lack of supervision is only to be expected in the whole suburban area which affords only one full-time general sanitary inspector and two part-time inspectors. The inspections made by West Allis and Milwaukee are of the occasional general nuisance type.

Persons who live in temporary housing units deserve more sanitary safeguards than are now assured them by state and local health agencies.

M. Lake and Stream Building Sites

Along the rather numerous water courses in Milwaukee County there are areas subject to overflow, which are obviously not suitable for residential sites. Unsuspecting home seekers at times of dry weather are often led to purchase building sites which eventually prove to be subject to overflow.

The three agencies concerned with plotting are:

1. The State Board of Health through its Plotting and Sanitation Code exercises control over lake and stream shore plots.

2. The State Regional Planning Office exercises control over areas outside incorporated cities, but exempts the county from obtaining approval of the Director of the Regional Planning Office.

3. The Milwaukee Planning Board appears to be independent of either the State Code or the Regional Planning Board, but in practice freely consults with both.

Through the County Zoning Ordinance and enabling State legislation, with the concurrence of Town boards in which low lands are situated, the County can reasonably zone such lands to discourage building thereon. It would appear, however, that a less complicated machinery might be found for providing a more direct and positive means of prohibiting home construction in lowlands along streams which are subject to periodic overflow.

N. Milk Sanitation

One specific milk supply may be classified as good or bad, depending upon the standards by which it is judged. A nationally recognized standard takes the guesswork and personal judgment out of the problem of rating milk supplies from the standpoint of sanitary safeguards to health. These are the standards which have been utilized in the appraisal of milk sanitation in the Milwaukee area.

Although there has been general agreement for more than twenty years among health officers on the one hand, and representatives of the dairy industry on the other, as to the specifications for safe production and distribution of fluid milk, not one of the local governmental units has as yet adopted them. Wisconsin is, in fact, one of the few states which maintains control of milk in the Department of Agriculture rather than the Department of Health, which serves to illustrate that the economic side of the milk industry takes precedence over the sanitary quality and nutritional value.

It is, therefore, not surprising that when milk sanitation in this area is weighed in the balance, it is found wanting. What will surprise many, however, is the extent of the deficiencies in the scale of numerical ratings. All pasteurizing plants were surveyed, but the study of farms was necessarily reduced to a random sampling. Only the Cities of Milwaukee and West Allis maintain any semblance of milk supervision. The following table tells an eloquent story:

	Retail Raw Milk		Raw Milk Sold to Plants			Pasteurization Plants				
	Total Farms	% Rating	Total Farms	No. Surveyed	% Rating	Total Plants	No. Surveyed	% Rating	Percent Rating of Past. Milk	Percent Rating of Enforcement Methods
Milwaukee	..	....	2,510	49	51.71	14	14	77.26	68.74	51.90
West Allis	..	....	834	25	50.58	8	8	64.01	59.47	35.00
County Area	12	47.60	244	25	48.34	10	10	35.24	39.09	...*

*The County Area includes those dairy farms and pasteurizing plants not under supervision of either Milwaukee or West Allis Health Departments. Since there is no enforcing program, the enforcement efficiency could not be rated.

The highest percentages in all categories are scored by the City of Milwaukee, though the record is not in any instance impressive. From the above table showing the percentage rating of raw milk sold to plants, it appears that there is little difference between the milk coming from unregulated areas and that from areas under the control of West Allis and Milwaukee. The pasteurizing plants in these areas rated 35.24 percent for the County area, 64.01 for West Allis, and 77.26 percent for Milwaukee City. The sampling also showed enforcement measures rating 35 percent for West Allis and 51.9 percent for Milwaukee City.

The foregoing figures indicate that there is much room for improvement in providing additional safeguards to the sanitary quality of milk, and in perfecting existing efforts in this direction. The report sets forth in detail the deficiencies in equipment and methods observed at the farms, in the pasteurizing plants, and in the enforcing agencies. It will be noted that some of the milk produced and sold in the County Area is not even pasteurized.

It is a sad commentary that Wisconsin health agencies, except by local ordinance, have no control over the sanitary aspects of milk production and distribution. Generally speaking, the emphasis upon essential sanitation is therefore overshadowed by the interest in volume production and butter fat. Even the grading terminology is wholly deceptive in comparison with the generally recognized standards. Grade A in Milwaukee means something quite different from Grade A under the so-called Standard Ordinance. Locally it signifies only a high butter fat content, whereas in standard terminology it connotes a high degree of compliance with all of the specifications for superior sanitary quality milk, as well as its content of butter fat and other milk solids.

Local milk ordinances are antiquated and should be brought in step with the prevailing thought and practice in the field of milk sanitation. Likewise, the same principle should be adopted at the state level so as to effect uniformity along modern lines throughout the state. This, incidentally, would greatly facilitate the sale of milk in other states which have adopted the recommended ordinance as their standard. Because of inadequate standards, Wisconsin milk is excluded from some of the largest and best markets.

From the local standpoint at least, one cannot escape the conclusion that the most practical and desirable solution to the problem of sanitary control of milk production and distribution is to be found in uniform regulations administered by a single county-wide agency.

O. Recommendations

a. State and Local Relationships

It is recommended that:

1. Arrangements be made to allocate to the Health Department of the City of Milwaukee all inspectional activities within the city, provided sufficient qualified personnel is employed locally. The State Board of Health should limit its activity to periodic check reviews and rating surveys.

2. Until such time as the collection of fees for inspection services is eliminated, all fees from businesses in Milwaukee be collected by the City Health Department even though part of certain fees must be transferred to the state.

3. Arrangements be made, with the assistance of the officials of the several governmental units of the county, whereby the personnel of the State Board of Health can be increased so as to render more advisory service, conduct in-service training courses, and make check reviews and rating surveys in Milwaukee and the county as well.

4. Representatives of the State Board of Health make more frequent inspections of water works and personally collect samples of water for bacteriological examination in the State Laboratory. Formal orders should be issued wherever improvement cannot be secured by other procedure.

5. The officials of all government units of the county endeavor to get the state legislature to transfer the sanitary aspects of the control of milk to the State Board of Health.

6. If the district organization is to continue to include Milwaukee County, additional sanitation personnel be located in the district office to insure more adequate supervision over local sanitation activities.

*7. From the sanitation standpoint a city-county health department be established as soon as practicable. If not possible for a considerable period of time, then there should be formed a county health department to serve that part of the county which is outside of the City of Milwaukee. The minimum alternative would be a combination of local population groups into units of not less than 50,000.

*8. Arrangements be made to centralize all routine inspection in the

city-county health department or the city and the county health departments. (If licenses must be issued by the state and fees collected by state men, this should be based upon county or city approval after inspection.)

9. With centralization of all inspection, the State Bureau of Sanitary Engineering devote all of its energies in the county and city to check review of activities, periodic rating surveys, in-service training, and quarterly collection of water samples by its own men for bacteriological examination by the State Laboratory.

b. City of Milwaukee Health Department

It is recommended that:

1. Section 70-25.1 of the Milwaukee Code be revised to limit veterinarian requirements to Chief Meat Inspector and one assistant.

*2. The qualification requirements for the Chief of the Bureau of Food and Sanitation be broadened.

3. The sanitary inspectors not wear uniforms. They should carry in their pockets health department badges for identification, but they should not be deputized.

*4. Nuisance and certain routine inspections be shifted to the Police Department so the sanitary inspectors can devote their time to matters of public health significance.

5. As funds can be made available and men can be spared, the sanitary inspectors (and the milk and food inspectors) be sent to one of the recognized in-service training schools and with the aid of the State Board of Health, inaugurate a comprehensive in-service training program for all of the inspectors.

6. The City Health Officer examine the practices of the department with the purpose in view of delegating authority insofar as possible.

*7. The present Bureau of Inspection be designated as the Bureau of Environmental Sanitation under the direction of a sanitary engineer with broad public health training.

c. Suburban Health Departments

West Allis

It is recommended that:

1. If the Health Department continues as a separate unit, the sanitation force be supplemented by at least one, and preferably two, trained inspectors.

Where inspectors are employed or contemplated in other localities — Wauwatosa, Cudahy, South Milwaukee — they should be on a full-time basis, and meet the recognized standards for technical training in general sanitation.

d. Public Water Supplies — Suburban Areas

Recommendations on the Milwaukee Water System were made from information in the public reports and records. No original survey was made. It was felt that information published by the Survey might be misused to the financial disadvantage of the City of Milwaukee. Recommendations will be sent to the Mayor. In general, reports show that Milwaukee has a good water system but that water pollution is increasing and the peak load of the filtration plant is being approached. Long-time plans should be made to meet these problems. Whether or not they are, the Survey was not informed.

It is recommended that:

*1. In those communities which have public water supplies — the Town of Lake, the Villages of Carrollville and Greendale, the Cities of Wauwatosa, Cudahy, and South Milwaukee, and the Sanitary Districts of Broson Manor and Blue Mound — the numerous recommendations for immediate improvement set forth on the individual reports be carefully studied and executed.

2. From an over-all standpoint, steps be taken to form a water district to include Carrollville, South Milwaukee, Cudahy, the Town of Lake, and adjacent areas for the purpose of constructing a joint water treatment plant and distribution system using Lake Michigan as the source of supply.

3. Such a water plant be of strictly modern design and be planned with the view to expansion, either in conjunction with the water system of Milwaukee or separately to meet the needs of the entire southern portion of the county.

*4. Insofar as practicable, capital expenditures on existing systems in suburban areas be avoided, until such time as the possibilities of a joint system in those areas are thoroughly explored.

e. Ground Water Supplies, Public, Quasi-Public, and Private

It is recommended that:

1. Adequately treated Lake Michigan water be used instead of ground water for all domestic purposes throughout the county as soon as such is practicable.

*2. All existing public ground water supplies be chlorinated.

*3. All abandoned wells be filled with cement grout throughout their depth.

4. Active wells and those needed as reserves be reconstructed in accordance with sanitary practices inso far as possible.

*5. All cross-connections (or interconnections) between private, industrial, institutional, park wells, and public water systems be eliminated. Instead, a disconnected means of having the facility of the public service should be installed.

6. All regulations relative to the drilling and construction of wells be rigidly enforced.

*7. There be established by the State and City Health Departments an organized plan of a continuing series of bacteriological examinations of samples of water taken frequently from carefully selected wells of different depths located at such places as would reflect contamination trends in the various aquifers in different parts of the county.

*8. All public, quasi-public (cooperative) and private ground water supplies, including sanitary districts, be examined bacteriologically with the frequency recommended by the nationally accepted drinking water standards. Sampling should include water direct from the wells.

9. The advices rendered by the State Board of Health to such water supplies be extended and made more uniform for all systems.

10. The State and City Health Department be sure that all operators and industrialists understand the necessity of safe bacteriological samples. They should be informed that such results indicate only the quality of the water sampled and do not evaluate potential hazards which may become actualities between times of sampling. However, when taken with sufficient frequency they are indicative and very valuable.

11. If further consideration is given to replacement of ground water by the return to the aquifers of used process water, due thought be given to the possibility that this relatively warm water may increase the danger to ground water by creating fissures in the limestone.

12. Any water which is returned to the ground be potable and any service from a city system be rendered through an air gap and be direct connection.

*13. The "Sanitary District" and the "Cooperative" water supplies be routinely inspected and examined bacteriologically by the State Department of Health as all of these are public water systems and relate to the health of many citizens of the county.

14. The officials of the county and the incorporated cities and villages jointly request the state legislature to provide an adequate appropriation for the Wisconsin State Board of Health to enforce existing state laws relative to wells, ground water, and public water supplies.

f. Sewage Collection and Disposal, and Water Pollution in Milwaukee

It is recommended that:

*1. Construction of facilities projected, planned, and presently building at the Jones Island disposal plant be prosecuted to the limit in order to eliminate the need for by-passing raw sewage to the lake in dry weather periods.

*2. Serious consideration be given to the immediate installation of chlorination facilities in order to minimize the influence of the effluent from the plant as a factor in the pollution of the inner harbor. Such additional treatment is needed to reduce the bacteriological load on the water treatment works and to reduce the bacteriological contamination of the bathing beach waters during the bathing season.

*3. In order to secure more flexibility in plant operations and avoid the necessity for by-passing, more sludge driers and more aeration be installed, and the installation of more pumping facilities be considered.

4. There be construction of additional special relief sewers to relieve combined sewers of cooling and process water, as well as storm runoff water, in those portions of the city where surcharging of combined sewers is occurring. Feasibility of construction of storm water relief sewers in other areas of the city to reduce the frequency of storm water overflow, should be carefully considered.

*5. In order to relieve the normal and seasonal loads on the sewage disposal plant, and to anticipate the needs for servicing the entire south end of the county, a relief sewage treatment plant be installed in the vicinity of Carrollville.

*6. The County Park Commission and the Metropolitan Sewerage Commission work closely together and give due regard to each other's special interests. All conditions in streams and the lake front within the Metropolitan Sewerage District found by the Park Commission, which require special chemical or bacteriological investigation, should be referred to the Metropolitan Commission because that Commission has the technicians and equipment required for such investigations. Like conditions in other parts of the county should be referred to the State Board of Health for the same reason. All matters relating to health and sanitation which become controversial should be referred to the State Board of Health.

7. Studies be continued of Lake Michigan waters to determine the degree of pollution resulting from the discharge of raw sewage into the lake through combined sewer relief outlets at Whitefish Bay, Milwaukee, Shorewood, and Cudahy.

8. Investigation of the pollutional effect on Lake Michigan of by-passing raw sewage at the sewage disposal plant and other appurtenances in the sewerage system at South Milwaukee, be conducted. In the event that serious pollution is found as a result of such by-passing, corrective measures to eliminate or reduce by-passing, should be carried out.

9. A study be made of the sanitary conditions in Lake Michigan at South Milwaukee and the New Deal Sanitary District (Carrollville) in the vicinity of the sewer outlets from the various industries which discharge raw or partially treated sewage into the lake. Where serious pollution is discovered, the industries involved should be required to provide acceptable treatment of their wastes or should be required to discharge such wastes into a near-by sewer system, if available.

10. Densely populated unincorporated communities where the need is indicated, provide sewage collection systems and disposal works.

*11. Policies regarding problems of sewage disposal in the rural part of Milwaukee County outside of the Metropolitan District, be made the same as those inside the Metropolitan District by adoption of uniform rules and regulations by the following agencies:

a. Metropolitan Sewerage Commission

b. The towns outside the Metropolitan Sewerage District

(In the event a county health department is organized, it could carry on this program in place of the towns.)

12. The people of the community be educated to the necessity for good housekeeping in the community and their cooperation in preventing use of streams for disposal of rubbish and other wastes be encouraged.

g. Sewage Disposal, Town of Greenfield

It is recommended that:

1. Steps be taken immediately to require all schools, residences, and places of business to connect to sewers where they are now available.

2. Public sewers be extended throughout the area within the Metropolitan Sewerage District.

3. Such steps as necessary be taken to effect a public sewerage system for the area outside of the present Metropolitan Sewerage District.

4. Pending the accomplishment of recommendation Number 3, all essential improvements be made under the guidance of the Sanitary Engineering Division of the Wisconsin State Board of Health.

(The above recommendations concur completely with those already made by the State Department of Health.)

h. Rodent Infestation and Control Milwaukee

It is recommended that:

1. The title of inspector on rodent control be changed from "Exterminator" to "Sanitarian" or other appropriate designation.

*2. An index of rat infestation be established for the areas under control, and that the distribution of poisoned baits by the inspectors be limited to those areas where infestation is sufficient to warrant this procedure.

3. In areas of low infestation, the poisoned baits, harmless to humans, be distributed to interested property owners with instructions as to their use.

*4. A watchman be stationed at each dump to prevent unlawful dumping on Saturday afternoons.

5. An educational program through the usual publicity channels designated to enlist the attention of the public in caring for minor problems about their own premises, be instituted.

*6. At least three "Exterminators" be added to the staff of the Health Department, and one Senior "Exterminator" be designated to plan, coordinate, and direct the activities of the entire group.

Cudahy

It is recommended that:

1. A trained man be employed, full time, to make inspections and enforce ordinance No. 250.

2. Steps be taken to eliminate the rat infestation on the dump.

*3. The present dump and face be covered with soil and in the future be used only for the disposal of trash.

*4. The sanitary land fill method be used for the disposal of garbage.

South Milwaukee

It is recommended that:

1. Such arrangement be made as to insure adequate collection of garbage from commercial places without interfering with proper collection from residences.

i. Milk Sanitation

It is recommended that:

*1. The citizens and health officials concerned and the milk interest involved, advocate adequate and uniform requirements throughout the county, and over-all control of sanitation by the Wisconsin State Department of Health. To this end, the adoption of the Standard Milk Ordinance approved by the American Public Health Association, is recommended.

2. To accomplish uniformity in enforcement, one of the following organizations be established — (given in order of preference).

a. A city-county health department so that adequate pay can be the means of securing highly qualified personnel and so that one ordinance and one enforcement procedure applies to all.

b. A county health department exclusive of the City of Milwaukee.

c. Such consolidation of health departments as will be necessary to establish population groups of not less than 50,000.

*3. Pending the accomplishment of recommendation Number 2, the City of Milwaukee and the City of West Allis adopt the Milk Ordinance and Code recommended by the Wisconsin State Board of Health. Personnel for its enforcement should be employed at the time of adoption but official ratings and rating announcements should not be made until one year after the passage of the ordinance.

*4. The grading of milk on the basis of milk fat (butterfat) be abolished immediately.

*5. The low ratings of dairy farms and pasteurization plants in comparison with the nationally recognized standards indicate the need for prompt action to correct the widespread deficiency in safeguards to the health of consumers.

j. Swimming Pools and Bathing Beaches

Bathing Beaches

It is recommended that:

*1. Arrangements be made for a well-planned and executed study of the contamination of the water of the beaches, including the Kletzsch Beach.

2. The study of the lake beaches include a well-coordinated investigation of the effects of wind direction and intensity, currents, rainfall, wet weather overflow from relief sewers, bathing loads, and by-passing at the Jones Island Plant.

3. A study be made of the effect of chlorination of the effluent from the Jones Island Plant.

4. This study include the effects upon the quality of the water at the various municipal water intakes.

Swimming Pools

*1. In view of substandard design observed in a number of instances, the design features of swimming pools in Milwaukee and Milwaukee County, including the park pools, be more adequately controlled by authorities having jurisdiction.

*2. Since the findings of the Survey in a representative sample of the total pools indicate inadequate sanitary control and lack of qualified swimming pool operators, a comprehensive program for correcting these conditions be adopted both in the City of Milwaukee and in the county.

*3. Care be given to prevent overloads in the pools.

4. Systematic courses of in-service training for pool operators be instituted by the City Health Department for pools in Milwaukee and by the appropriate authorities for those outside the city.

k. Atmospheric Pollution

It is recommended that:

1. As soon as the second set of five inspectors is trained, the third set of five be employed. It is believed that this staffing would not be inconsistent with the staffing in cities with comparable problems, such as St. Louis.

2. The activity be expanded to include all atmospheric pollution as soon as the availability of personnel permits.

3. In due time there be transferred from the Department of Building Inspection and Safety Engineering to the County Department of Smoke Control the functions of boiler inspection and engineer licensing, as these are related to smoke control problems.

l. Housing

Permanent (Milwaukee)

Since the recommendations contained in a recent report on housing in Milwaukee are based on carefully analyzed factual evidence resulting from routine housing inspections by the City Health Department, and cover the subject adequately, their repetition is not necessary. (See "Blight Elimination and Urban Redevelopment in Milwaukee," June 1948.)

Temporary Housing (Trailer Camps)

It is recommended that:

*1. The State Department of Health establish minimum rules and regulations to serve as a guide to trailer camp layout, equipment, maintenance, and operation.

*2. Local ordinances based upon the foregoing rules and regulations specifically set forth:

a. The required proportion of sanitary facilities to trailer units.

b. The conditions under which water supplies may be approved or prohibited, with specifications for periodic testing of water samples.

c. Requirements for sewage and waste disposal.

*3. Trailer camps be inspected at least annually by the local health agency having jurisdiction, and that this duty be performed by persons technically trained in general sanitation.

m. Refuse (Garbage, Ashes, Rubbish)

Milwaukee

It is recommended that:

1. The position of Chief Supervisor of Garbage Collection be re-established, and that the present staff of eight supervisors be reduced to seven.

2. If and when provisions are made for a chief supervisor, he assume full responsibility for coordinating all factors in connection with the collection of garbage.

*3. In order to reduce long hauls and to relieve the increasing load upon the present plant, plans be made promptly for locating a site for an additional incinerator, which should be constructed in the near future.

*4. The present incinerator be overhauled.

5. Collection records be established and changed, when necessary, so as to keep a crew of designated loaders occupied for a full eight hours per day, and that the collection crews be limited to two collectors to each collection vehicle.

*6. A study be made to determine the extent to which basement collection service increases the total cost of collection. If found excessive, this service should be eliminated.

7. Further consideration be given to the question of purchasing modern equipment for ash and rubbish collection (see the committee report to the Board of Estimates, January 1948) in accordance with unresolved questions raised at that time, one of which was the desirability of collection at fifteen-day instead of thirty-day intervals at an additional estimated cost (1947) of $4.00 per family per year.

*8. The collection of rubbish and ashes which is now done on a ward basis be changed to a district basis to harmonize with the collection of garbage, thus preventing a considerable duplication of effort, equipment, and material.

9. In accordance with the foregoing, the ward offices be eventually closed and integrated with the services of the Bureau of Street Sanitation on a district basis.

10. Since additional dumping space will be required within the next year or two, provisions be made to insure that adequate dump sites, located at strategic points, are always available even though this should require purchasing land several years in advance of the actual needs.

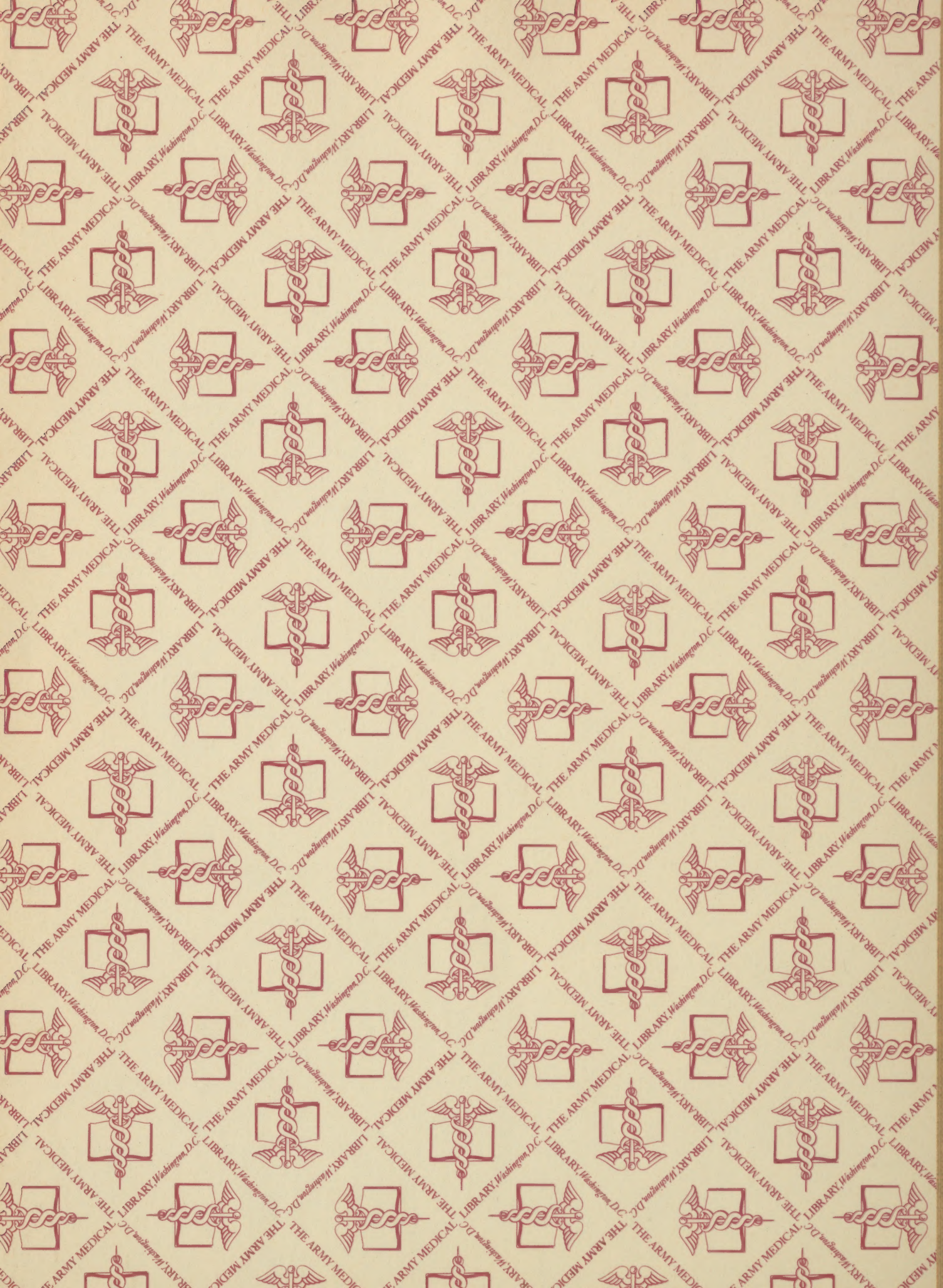
Suburban Areas

In the full text of the report, recommendations are attached to the study of each suburban unit. To detail them here would involve monotonous repetition. Disposal methods include open dumps, covered dumps, and incinerators. In one instance a sanitary land fill project is ready for operation. In most instances the small population involved makes the overhead expense for satisfactory disposal procedures too great for practical purposes. For this reason, the outstanding recommendations are:

*1. That adjacent communities in groups as large as practicable form sanitary districts for the communal collection and disposal of garbage, ashes, and rubbish.

*2. That disposal be either by incinerator or sanitary land fill.

*3. That pending such developments all dumps in which garbage in any form is deposited, be regularly covered with earth or other suitable material to eliminate rat infestation and fly breeding.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